Audit Request

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: add-drop@sfccmo.edu
Office Hours: Monday-Friday 8am-5pm

Student Information

Name: _____ SFCC Student ID or SSN: _____

Phone: _____ Term ☐ Fall ☐ Spring ☐ Summer Year: _____

Course Information

CRN	Course Subject/Number	Course Name

Reason for Requesting Audit

☐ Personal Interest ☐ Previously took this course and would like a content refresher

☐ Auditing before taking for a grade to apply to a certificate or degree

☐ Other

_____

_____

_____

I understand that not all courses are eligible for audit. For a list of ineligible courses, contact the Academic Records and Registrar's Office.

I understand that I will be responsible for all associate tuition and fees for this course.

Student Signature: _____ **Date:** _____

Approval Information

☐ Approve ☐ Do Not Approve

Dean or Division Chair Signature: _____ **Date:** _____

Office Use Only
Processed By: _____ Date: _____

Effective: Fall 202420 Revised: 8/14/24