



Lurleen B. Wallace Community College

### INTENT TO AUDIT

**This form must be completed and submitted to the Director of Admissions and Records by the end of the registration period and may not be changed thereafter.**

I, \_\_\_\_\_, \_\_\_\_\_  
Student Student ID

wish to audit \_\_\_\_\_, \_\_\_\_\_ term \_\_\_\_\_.  
Course Title Year

I understand that I am expected to meet all of the requirements of the course with the exception of the examinations.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Dean of Instruction Date

**WARNING: YOU CANNOT RECEIVE FINANCIAL AID FOR AN AUDIT.**