Course Audit Application

PEIRCE COLLEGE
Since 1865

Eligibility

For eligibility requirements please view the Course Auditing section of the Peirce College Catalogue located at www.peirce.edu or call the Office of the Registrar at 888.GO.PEIRCE, ext. 9380

Name :_____ Peirce College Student ID Number: _____

Street Address: _____ City _____ State _____ ZIP _____

Phone # ( ) _____ E-Mail Address: _____ _____
Home Work

LIST FIRST CHOICE BELOW			
COURSE & SELECTION #	TITLE	DAY	TIME

LIST SECOND CHOICE BELOW			
COURSE & SELECTION #	TITLE	DAY	TIME

Audit Fee
Make check or money order payable to Peirce College.

Audit Type:	Audit Fee	Check (X) One Audit Type
Alumni	$ _____	_____
Student	$ _____	_____

TOTAL AMOUNT DUE: $ _____

I accept responsibility for my course selection and other information provided on this form. I understand that academic advising is available to help with course selection. I certify that I have met the prerequisite for the course for which I am registering, and that I must meet all eligibility criteria. Further, I understand that it is my responsibility to know the starting date and time of my class and refund periods. I also understand that acceptance of this registration is contingent upon class space availability.

Student Signature: _____ Date: _____

Eligibility Approved By:_____ Date: _____
Registrar

Eligibility Approved By:_____ Date: _____
Dean of Students

Fee Approved By: _____ Date: _____
Business Office

Entered By: _____ Date: _____
Registrar

* Grades and Credits are not awarded for the Alumni Audit Program. A maximum of One course per term may be audited. Non-Credit courses are not eligible.

Revised 04/25/11