Northcentral TECHNICAL COLLEGE

Request to Audit Course

Student Services – Records Office
1000 W. Campus Drive
Wausau, WI 54401

Criteria for Auditing a Course (AU) Grade:
A student who audits a course has the privilege of attending the class, but will not take any of the exams. No grade is recorded other than the permanent record notation of "AU" (Audit) and no credit is earned. By state regulation, tuition and fees are the same as if the student were to take the course for credit; unless you are age 60 or older. A person interested in auditing a course at NTC and receiving the fee exemption may do so if all the following conditions are met:

- Verification that you are, or will be 60 years of age or older on the date the course starts, or on the first day the student is scheduled to attend the course, whichever is later.
- Evidence provided that you are a Wisconsin resident, according to provisions under Wisconsin Administrative Code section TCS 10.03

The following items apply for an audited course:

- This course is not considered to be a part of the student's credit load for financial aid, veterans benefits, social security, or for any other purpose for which the student wishes the school to certify the student as a full/part-time student at NTC.
- Auditing a course does not meet pre/corequisites for any subsequent course.
- Audits are available only on a space available basis.
- A course approved for audit may not later be changed to credit.

To audit a course, the student:
1. Applies with a counselor in Student Services.
2. Must obtain written approval of the involved instructor.
3. Return the approved application to Student Services within the first two weeks of the start of class. Requests for audits after this time period will not be approved.

Student Name _____
               (Last)   (First)   (M.I.)   (ID Number)

Home Address _____
           (Number and Street)   (City)   (State)   (Zip)

Course Title: _____

Course Nbr: _____   **Class Nbr:** _____   **Term:** _____

Effective Date: _____(Date when audit request form is completed.)

Counselor signature _____   **Date** _____   **Approved for Audit: Y or N**

Instructor signature _____   **Date** _____   **Approved for Audit: Y or N**

I have read, understand, and agree to abide by the terms for auditing courses that are outlined on this form:

Student signature _____   **Date** _____

Records/Registration: _____ Program Requirement Sheet Updated _____ 'AU' Grade entered in PeopleSoft