

OZARKS TECHNICAL COMMUNITY COLLEGE

REQUEST TO AUDIT A COURSE Office of the Registrar

PLEASE PRINT

Name: _____

Student ID Number: _____ Date: _____

Indicate semester and year of registration: FALL SPRING SUMMER YEAR: _____

Course:

Subject	Number	Section	Title	Credit hours
ABR	100	101	Non-structural Analysis I	3

- Refer to the request timeline outlined on the **Auditing a Course** page of the OTC Registrar [website](#).
- Please obtain the signature of the instructor and then submit the form to the OTC Student Services office. Completed forms may be submitted in person to any OTC Student Services location, by email to studentservices@otc.edu or by fax to 417-447-6925.
*****Forms submitted after the deadline outlined on the Auditing a Course page of OTC website will result in a for-credit course, and a final grade (A, B, C, D, or F) will be submitted for the student.**
- Upon acceptance, indicated by the signing of this form, the instructor will establish expectations to the student related to the student’s participation in the course.
- Students auditing a course are held to the same behavioral standards as other students. Students may be removed from the course if they become a disruption to the learning process
- A student auditing a course must meet all prerequisites.
- Audited courses are not eligible for financial aid and will not count toward completion of a degree. Full tuition and fees will be assessed for an audited course.
- Students auditing a course will receive no credit for the course, and will receive a grade of “AU”.
- Once successfully enrolled to audit a course, the student cannot change the status to receive credit for the course. The course can be repeated as a credit-bearing course in following semesters.
- Students on Academic or Financial Aid probation are not eligible to audit a course.

I accept responsibility for the tuition and fees associated with the course listed above. I agree to comply with the guidelines set forth above and in the OTC Computer Use Agreement and the OTC Student Handbook.

Student’s Signature	DATE:
---------------------	-------

I have met with the student indicated above and have approved a course audit. I am aware of the student’s intent in auditing this course and will work with them in this manner for the aforementioned semester.

Instructor’s Signature	DATE:
------------------------	-------

Received by/Date

Processed by/Date