## Continuing Education/Noncredit Course Audit Request Form

Student Name (First, Middle, Last)	):			<del></del>
Student ID#:				
Course #:	Secti	ion #:		
Course Name:				
First Class Meeting Date:				
Registration procedures and fees enrollment. Exception: senior citize of any required registration fees. Swith Durham Tech's local fee policapplicable course section to qualify Carolina identification card, or other	ens* may audit cour Senior citizens shall ies. *Individuals mu y for the fee exempt	ses (with the exception pay any applicable lot pay at least sixty-five pay and must provide	on of self-supporting count ocal fees to audit a cours to (65) years of age as of	rses) without payment se section consistent f the first day of the
Continuing Education/noncredit co Education, Continuing Education,			sion from the Vice Presi	dent, Corporate
I hereby request audit status for th	e above named cou	urse. I understand and	agree to the following:	
f I must adhere to the Colle $f$	ge's policies and pro	ocedures and the inst	ructor's classroom polici	es.