

AUDIT REGISTRATION

Semester: _____

Student Name: _____

Student ID#: _____

Address: _____

Phone Number: _____

Course Code

Section

Course Title

By signing this contract, I understand that my attendance at the College for Creative Studies for this semester is based on the following terms and conditions:

I wish to audit the class listed above. I understand that by declaring an audit for this course, I will not receive credit for this course and I must pay full tuition and fees. As a student who is auditing this class, I am permitted but not obligated to participate in assignments and examinations. Upon completion of the course the audit grade of X will appear on my transcript.

Student Signature

Date

Instructor Signature

Date

Academic Advising and Registration Signature

Date

Please sign and return this form to:

Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street, Detroit, MI 48202
Phone: (313) 664-7672
Fax: (313) 664-7649