

ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE  
REQUEST FOR AN AUDIT GRADE

TO: Records and Registration Office

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME OF STUDENT Student ID #

\_\_\_\_\_/\_\_\_\_\_  
SEMESTER YEAR has requested an audit grade for

\_\_\_\_\_  
COURSE: PREFIX, NUMBER, TITLE

Please sign if you consent to allow this student to audit this class.

\_\_\_\_\_  
INSTRUCTOR SIGNATURE DATE

**THIS FORM MUST BE RETURNED TO THE RECORDS & REGISTRATION OFFICE  
WITHIN THE FIRST 15 DAYS OF CLASS. ATTENTION FINANCIAL AID  
RECIPIENTS: YOUR FINANCIAL AID MAY BE REDUCED WHEN AUDITING A  
CLASS. CHECK WITH THE FINANCIAL AID OFFICE FOR DETAILS.**