



Course Audit Request

www.tstc.edu

Name _____

Date _____

ID#

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Semester/Term _____

Course No.(s) Section

Course Name

* _____ / _____

* _____ / _____

* _____ / _____

* _____ / _____

* _____ / _____

_____ Admissions

_____ Program Chairperson

_____ Student Signature

_____ Business Office

* This course(s) is for audit only. **Additional fees apply. Students will not receive credit for this audited except by enrollment in the course at a later time.**