DECLARATION OF AUDIT STATUS

Tunxis Community College

Education That Works For a Lifetime

State of Connecticut
Board of Governors for Higher Education
Board of Trustees of Community-Technical Colleges

TUNXIS COMMUNITY COLLEGE • RECORDS OFFICE
271 Scott Swamp Road • Farmington, CT 06032-3187
860.255.3533 • **tunxis.commnet.edu**

INSTRUCTIONS

This form must be filed by the deadline established in the Academic Calendar. Students not wishing credit may audit courses. A student auditing a course will receive a transcript notation of "AU". An auditing student is bound by the conditions set forth in the College Catalog.

Return to the Records Office. Your instructor will be notified.

Student ID #: @ | | | | | | | | |
Required

Student's name: _____
last *first* *middle initial*

CRN: | | | | | Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

Course code: _____ (i.e., ACC*101)

Course title: _____

Student's signature: _____ Date: _____

FOR RECORDS OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SECTION

RECEIVED BY:

Staff signature: _____ Date: _____

INSTRUCTOR NOTIFIED:

Instructor's name: _____ Date: _____

Last Name, First Name