University of South Carolina Upstate
Request to Change to Audit

Name:_____
Last First

Student VIPID:_____ Major: _____

_____ _____ _____ _____ _____ _____
Semester Year Department Course Number Section CRN

Instructors Name: _____

Attendance Requirements*

If you are receiving any form of financial aid you may be required to repay the aid completely; this may affect your eligibility for receiving aid in future semesters. Please check with the Financial Aid office for more information.

_____
Student's Signature Date

_____
Instructor's Signature Date

_____
Advisor's Signature Date

**Audit Policy:*

Students wishing to audit course or change from credit to audit may do so only with permission of the instructor. Each instructor may set the attendance conditions for the audit. Students not meeting those conditions will be withdrawn from the audit with the withdrawal date listed on their transcript.

Records Office: staff: _____ date: _____

Copy student, instructor, and records office 03.13