

# DECLARATION OF AUDIT STATUS



State of Connecticut  
Connecticut Board of Regents for Higher Education



## TUNXIS COMMUNITY COLLEGE • RECORDS OFFICE

271 Scott Swamp Road • Farmington, CT 06032-3187  
860.773.1440 • tunxis.commnet.edu

### INSTRUCTIONS

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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# @ 

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Required

Student's name: \_\_\_\_\_  
Last
first
middle initial

CRN: 

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 Term: 

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 Fall 

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 Spring 

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 Summer Year: \_\_\_\_\_

Course Code: \_\_\_\_\_ (i.e. ACC\*101)

Course Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*RECEIVED BY:*

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

*INSTRUCTOR NOTIFIED ON:* Date: \_\_\_\_\_

Last Name

First Name