



Check one:

- Fall 20__
- Spring 20__
- Summer 20__

AUDIT REGISTRATION FORM

PLEASE PRINT: HCC ID# _____

Name _____
Last First Middle

Address _____

City/State/Zip _____
(County)

Is this an address change? Yes No

Home Phone () _____ Cell Phone () _____

E-mail Address _____

STUDENT TYPE / CHECK ONE:

- In-County
- Out-of-County
- Out-of-State
- Neighbor Rate
- Employee Dependent (HCC)*
- Employee (HCC)*
- Foreign
- MD National Guard*
- Tuition Rate Agreement*
- Senior Citizen (MD Resident)
- Tuition Waiver*
- Health Manpower
- Military/Veteran*

* special form required

AUDIT REGISTRATION
 No signatures required

CHANGING FROM CREDIT TO AUDIT
 Financial Aid Signature Required: _____
 Instructor Signature Required: _____

AUDIT REQUEST (No grade or credit is reported for an audited class):

| 5 Digit Course ID Number | Course Letters | Course Number | Section Number | Course Title |
|--------------------------|----------------|---------------|----------------|--------------|
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I assume responsibility for the above information, registration, and/or changes. I understand that if I fail to properly drop a course by the published deadlines I will be charged accordingly. I acknowledge my responsibility for payment of the tuition and fees generated by this registration.

Student's Signature _____ **Date** _____

FOR COLLEGE PERSONNEL USE ONLY

| | | | |
|------------------------------------|------------|---------------------|------------|
| Advisor/Instructor Signature _____ | Date _____ | Registered By _____ | Date _____ |
|------------------------------------|------------|---------------------|------------|

For one-time exception to prerequisite:
 _____ prerequisite met at _____
course college/university

Advisor Signature

Prerequisite in progress at another college—hold for transcript _____