

Course Audit

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

I request to take the following course on an audit basis (V). I understand that auditing a course means that I register for the course, pay the instructional and general fees, but I will receive no grade or credit for the course. Changing from audit to credit status to receive a grade/credit will not be permitted.

Term	Year	CRN	Subject	Course Number	Course Description	Credit Hours

Student's Signature: _____

Date: _____

Complete this form and return:*

By Fax: 440.525.7651
By Mail: Lakeland Community College
By [Secure Upload](https://lakelandcc.edu/web/about/registrar): Visit lakelandcc.edu/web/about/registrar
In Person: Lakeland's Student Service Center

- 7700 Clocktower Drive
- Under RelatedLINKS (right side of page), select Registrar Documents Secure Upload link
- Kirtland, OH 44094-5198
- located in Building A-1003

**Please do not send documents through email as it is not a secure format.*