



SACRED HEART JUNIOR COLLEGE

Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shjc.edu.bz, melissa@shc.edu.bz

Or visit Our Website: <http://www.shjc.edu.bz>

APPLICATION TO AUDIT A CLASS

Instructions: Please provide the information requested in print, and return the completed application to the Office of the Registrar.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PROGRAM		TODAY'S DATE (DD/MM/YYRR)	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
CONTACT INFORMATION	HOME PHONE	WORK PHONE	MOBILE
EMAIL ADDRESS		MAILING ADDRESS	

Provide the following Information for the class being AUDITED:

Course Code: _____

Lecturer's Name: _____

Course Title: _____

Lecturer's Signature: _____

I, _____, have read the guidelines for auditing a class (as stated in the SHJC catalogue) and as such I am aware that I must pay the same fees and tuition I would pay for a credit class. I also understand that I must attend class regularly or I will be asked to withdraw from the course. I will receive a grade of AU. I am aware that I will NOT earn credit for an AUDIT class.

Auditor's Signature

For Official Use ONLY:

- Approved
- Not Approved

Comments: _____

Date: _____

Registrar's Asst. Registrar's Signature: _____

