

## **COURSE AUDIT FORM**

Student ID Number:  Last Name:  Phone Number:		Semester:	Semester:	
		First Name:		
				Course to be audited:
SUBJECT	COURSE	SECTION	CRN	
I understand that I cannot cha (http://www.bpcc.edu/bulletii		r the credit to audit deadlin	e posted in the Academic Bulletin	
Required work may be turned i and attend classes regularly.	n at the student's discretio	n. No tests are required. Auc	litors must pay all registration fees	
By signing this form, you hereby obligated to pay all tuition, fee,			ommunity College students become	
that failure to do so will result in	n further action to collect the Attorney General for co	he balance due. This may inc ollection. An individual with a	a timely manner and to understand clude the transfer of the balance to a transferred account is responsible	
			policies and procedures related to , Withdrawal, and Refund Policies.	
Student's Signature:			Date:	
Admissions Signature:			Date:	
	FOR OFF	ICE USE ONLY		
	Date Processed		Staff	
SFAREGS – AU				
SGASADD – AUTD BEGIN				
SGASADD – AUTD END				
1866 Southern Lane, Decatur, Georgia 30033-4097 or call race, color, national origin, gender, age, religion, qualified in any aspect of its operations. Bossier Parish Community	404-679-4500 for questions about the accredita I disability, marital status, veteran's status, or sex College does not discriminate in its hiring or emp City, LA 71111 - (318) 678-6511 - acao@bpcc.edu 6220 East Texas Street, Bossier City, LA 71111 - (	tion of Bossier Parish Community College. • Bossier P. kual orientation in admission to its programs, services loyment practices. • Coordinator for Section 504 and J 8:00 a.m.–4:30 p.m. M-F, excluding holidays and	Revised June 2018	

(318) 678-6004 · admissions@bpcc.edu · (318) 678-6390 fax Member of the Louisiana Community & Technical College System