

CHANGE FROM CREDIT TO AUDIT FORM

Office of the Registrar/Admissions PO Box 749 Barrow, AK 99723 907-852-1754 or 1757 fax: 907-852-1784 registration@ilisagvik.edu

STUDE	NT NAME:										
	NT NAME:					lle		Last			
SSN: _				or	STUD	ENT I	D #:				
EMAIL:					PHONE:						
ADDRE	ESS:										
Street/PO Box			Ci					State	Zip		
SEMES	TER: F	all 🗌	Spring	Sum	ımer	YEAF	₹				
CHANGE FROM CREDIT TO AUDIT: You must be currently enrolled in the class for credit/audit to use this form to change status Credit to Audit - Give this form to the Registrar's Office before the last day for faculty-initiated withdrawals. Audit to Credit - Give this form to the Registrar's Office before the last day to add semester-long classes.											
Dept	Course #	Sec #	Course	e Title			Time	& Place	Credit	Instructor	
BILL TO (if other than you):											
STUDENT SIGNATURE (REQ'D): DATE:											
ADVISOR SIGNATURE(REQ'D):											
REGISTRATION SIGNATURE:									└		

BUSINESS OFFICE SIGNATURE: _____ DATE: _____