



Request to Change To/From Audit

5 H J L V W ~~21~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~
Phone: 208-732-6795
Email: records@csi.edu

Students must declare their intent to change to/from audit status by the last day to add/drop the course. For full semester courses, the last day to add/drop the course is the first Friday after the course has started.

- x No grade is issued when a student chooses to audit a course. However, it is expected that the student attend classes.
- x Please note: Not all courses are available to audit.

Date: _____

Student Name: _____ CSI ID#: _____

Year/Term: _____

Course Code: _____ Course Title: _____

Change CREDIT TYPE TO:

Audit _____ Credit _____

Student Signature: _____

<p>5 H J L V W 21 10 11 12 13 14 15 16 17 18 19 20</p> <p>Request is w ithin the add/drop period .</p>	
Processed by: _____	Date: _____