

**BREVARD COLLEGE**

***Audit Application***

*Auditors will not receive a letter grade or college credit and must receive permission from the instructor.*

_____		_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>BC ID</b>
_____		_____	_____
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
_____		_____	
<b>Telephone Number</b>		<b>E-Mail Address</b>	
_____		_____	
<b>Birth date (Month/Date/Year)</b>		<b>Social Security Number</b>	
_____		_____	
<b>Registration is for the session, year, and program:</b>			
_____ Fall		_____ Spring	
_____ Year		_____ On-Campus Program	
_____		_____	
<b>Signature of Student</b>		<b>Date</b>	

**Brevard College Courses**

<b>COURSE PREFIX &amp; NUMBER</b>	<b>SECTION</b>	<b>SEMESTER HOURS</b>	<b>COURSE TITLE</b>

- Amount \$ \_\_\_\_\_ Receipt# \_\_\_\_\_
- Parking Explained to Student

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

07.10.2024