

BREVARD COLLEGE

Audit Application

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

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

Brevard College Courses

COURSE PREFIX & NUMBER	SECTION	SEMESTER HOURS	COURSE TITLE

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

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Processed: _____ Initials: _____