



TEXAS A&M UNIVERSITY  
**COMMERCE**

Office of the Registrar  
**Audit a Course**

SEMESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

CWID: \_\_\_\_\_ NAME: \_\_\_\_\_

Course	Section	Semester Hours	Instructor Approval
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form must be returned to the Office of the Registrar prior to census date.  
(12<sup>th</sup> class day/Fall-Spring, 4<sup>th</sup> class day/Summer, 2<sup>nd</sup> class day/Mini term)

Once this form has been received and processed in the Office of the Registrar, I understand the course(s) cannot be changed to credit after census date. All tuition and fees apply.

Student Signature: \_\_\_\_\_

Completed by the Office of the Registrar:

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_

Grade mode: \_\_\_\_\_ Grade type: \_\_\_\_\_

Changed to credit: \_\_\_\_\_