# Audit Registration Approval Form

Directions: Before completing this form, you must complete and submit an Audit Application and Florida Residency Form. You will need the course and instructor information to complete this form. This information is available on the SFSC Class Schedule. If the instructor is listed as "Staff" or "TBA," please contact the appropriate department head. Completing this form does not guarantee registration. Students cannot be registered for closed or full courses. It is the student's responsibility to obtain the required instructor approval(s).Tuition and fees may apply. Tuition and fees may apply unless you are 60 and older AND are considered a Florida Resident for tuition purposes.

**Student Name** _____ **Student ID#** _____

**Home Campus** _____ **Term and Year** _____

*By signing below, you are agreeing to abide by **College policy** to audit the/these course(s).*

**Student Signature** _____ **Date** _____

*Please Note: Students are encouraged to select alternate courses in case their preferred courses are closed or have reached maximum enrollment. Instructor approval does not guarantee registration. All registrations must be completed by an Advisor/Counselor beginning on the first day of classes.*

***Instructors**: By signing below, you approve the student listed above to audit the specified course(s) and acknowledge the applicable College policy and Florida Statute 1009.26(4).*

*Print the completed form and obtain all required instructor signatures. Submit the signed form to the Welcome Desk in Building B. Retain a copy to present to your Advisor/Counselor when registering for your course(s).*

**Priority courses listed below.**

| Subject | Number | CRN | Title | Instructor signature |
|---|---|---|---|---|
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
| | | | | |

**Alternate courses listed below.**

| Subject | Number | CRN | Title | Instructor signature |
|---|---|---|---|---|
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
| | | | | |
| Subject | Number | CRN | Title | Instructor signature |
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IMPORTANT: Audit registration begins on the first day of classes. Bring your copy of the Course Selection Form to Advising & Counseling to complete your registration.