HAWAI'I COMMUNITY COLLEGE

Admissions & Records Office (ARO)

Phone: (808) 934-2710 Email: hawccar@hawaii.edu

SEMESTER (CHECK ONE)							
Spring Summer	Year						

AUDITOR'S FORM

Please use blue or black pen

Yo	ou may choos	se to audit co	ourse(s) subje	ct to the follo	owing:		
Deadline to submit completed form: Last day to withdraw with a "W."							
2) Auditors pay the same tuition as students enrolled for credit.							
3) No credit is given to a student who is auditing a course.							
4) The instructor determines the extent of classroom participation.							
					UH ID/ Usernam <u>e</u>	_	
Last Name		First N	Name	M.I			
Semeste	r	CRN#	Course A	llpha	Course Number		
Stu	ıdent's Signatu	re			Date		
Step 1: Complete the Online Application, if not a currently enrolled student.							
Step 2:	Register <u>an</u>	d Pay for the	e class you in	tend to audit	t.		
•	After the firs	•	ruction, obtain	n instructor's	signature for permission to	audi	
Ins	structor's Signa	ture			Date		
*** If narr	mission to a	ıdit is denied	l standard re	fund naticies	annly ***		

If permission to audit is denied, standard refund policies apply.

Step 4: Take this form to the Admissions & Records Office in Building 378 on the Manono Campus or to the Student Services Office at Palamanui