

ANDREWS UNIVERSITY EXTENSION CAMPUS  
UNIVERSITY OF THE SOUTHERN CARIBBEAN

**APPLICATION TO CHANGE FROM CREDIT TO AUDIT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ USC ID #: \_\_\_\_\_

Reason for desired Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course # & Title: \_\_\_\_\_

Lecturer: \_\_\_\_\_

Please secure the required signatures and return this form to the Data Entry Office.

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Approval of Lecturer: \_\_\_\_\_  
Lecturer's Signature

Approval of Advisor: \_\_\_\_\_  
Advisor's Signature

Registrar's Office: \_\_\_\_\_  
Data Entry Clerk

Date Received in Registrar's Office: \_\_\_\_\_