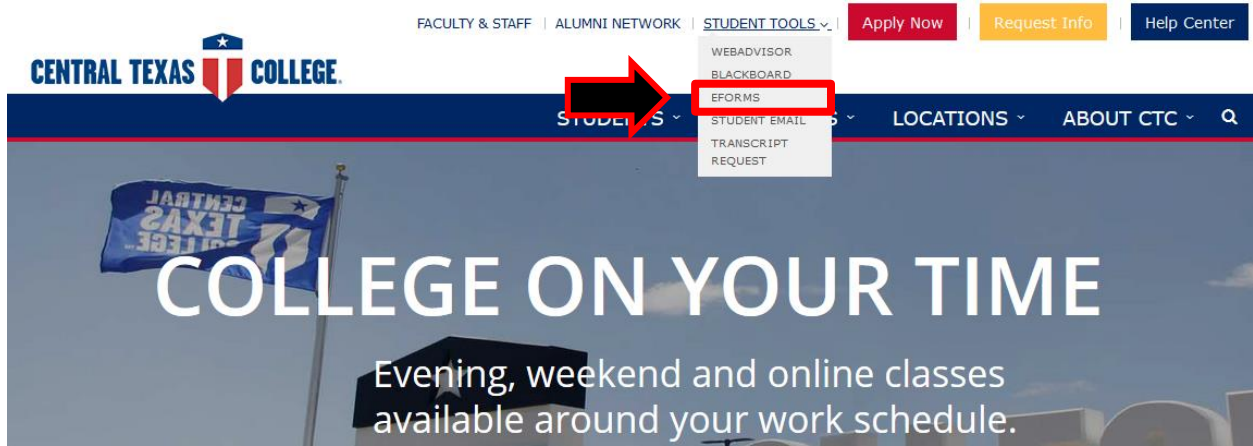
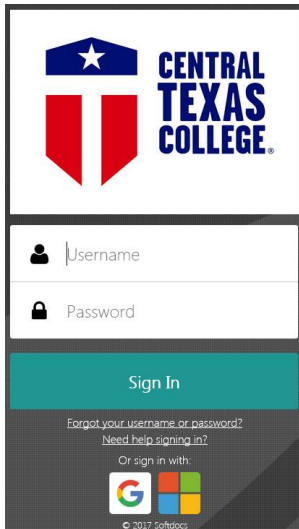


# Course Audit Request

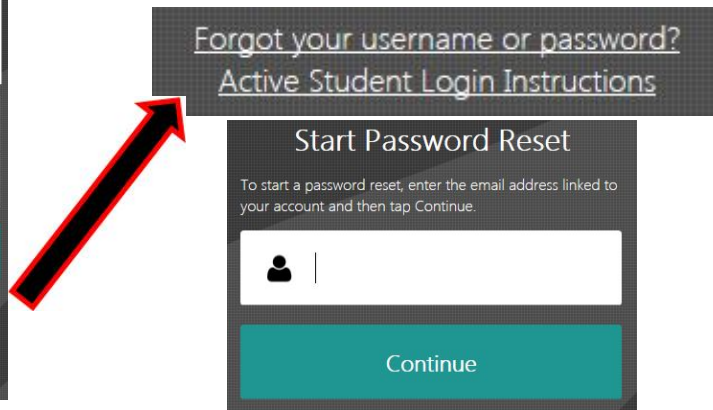
Choose "EFORMS" from the "Student Tools" drop down on [www.ctcd.edu](http://www.ctcd.edu)



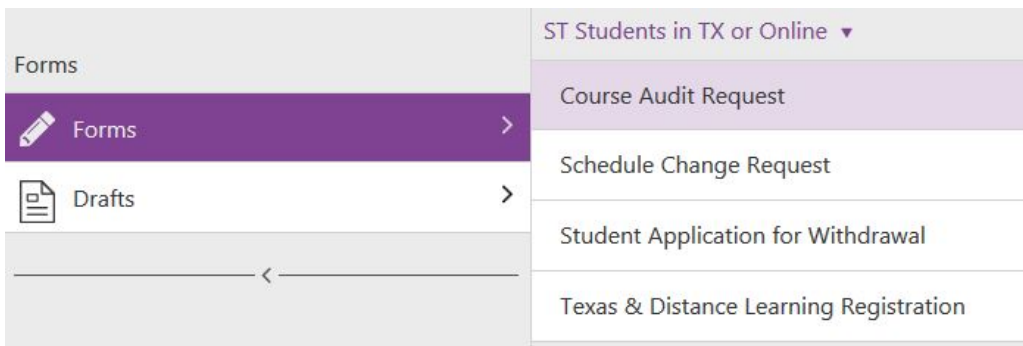
Log in.



1. First time logging in, click on [Forgot your username or password](#).
2. Enter primary email for CTC. If unknown, check student planning or contact the [CTC IT Helpdesk](#).
3. Follow steps for changing password.



Students in TX select "Course Audit Request", students outside of TX select "C and I Course Audit Request"



**Complete the personal information section of the form.** Your CTC ID, Last Name, First Name, and Middle Name will auto-populate with your information.

**CENTRAL TEXAS COLLEGE**

### Course Audit Request

Contact your CTC Site Representative

CTC ID: [Redacted] Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted]

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Email: [Redacted] Phone: [Redacted]

**Read and check the box indicating you have read the audit information.**

- Auditing is on a space available basis and requires instructor approval. Submit this form the week before the class starts and only after you have completed admissions. Registration occurs during the first week of the class. Instructors will not accept papers, tests or exams from auditing students.
- Tuition and fees for an audit course are the same as for credit students, and CTC's refund schedule applies. Credit will not be granted for an audited course except by enrolling and paying for the course at a later date and completing all required course work. Courses cannot be converted from audit to credit or credit to audit. Audited classes are not eligible for financial aid and veteran's educational benefits. Audit courses will not be considered in determining full-time/half-time enrollment status and will not satisfy requirements for graduation.

**Fill out precise information on the class you would like to audit;** Course Subject/Name/Number, Class Location, Start Date, and Instructor Name must be included.

**Check the box indicating you have read and agree to the terms of enrollment** for the audited class.

Course Subject/Name/Number	Class Location	Start Date	Instructor Name
ENGL 1301 TM001	Central Campus	01/16/17	(Name of Instructor)

I understand that by submitting this eForm, that I agree to the terms of enrollment in an audit class.

Destination  
Central Records-Reg

**Pick the destination that applies to you and "Submit".**  
Student inside TX send to Central Records-Reg.  
Students outside TX select the site you plan on auditing the course.