



**SOUTH LOUISIANA COMMUNITY COLLEGE**  
**Student Agreement for Audit Course**

I certify that I agree to the terms of enrolling in an Audit course for South Louisiana Community College. I understand that I will not be receiving a grade for this class, instead will be given an AU once this course has been completed.

**Students are not exempt from paying tuition for audit course(s).**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

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