St. Charles East High School

PLEASE NOTE: Each semester a new Audit form is required

AUDIT (NO CREDIT) REQUEST FORM

DATE:_____

TO: College & Career Readiness Department
St. Charles East High School

I give permission for _____ _____
Student Name **ID #**

To AUDIT the following course in accordance with the policy stated below:

SUBJECT _____

TEACHER'S SIGNATURE _____
(Please note in your gradebook)

PARENT'S SIGNATURE _____

DEPARTMENT CHAIR'S SIGNATURE _____

COUNSELOR'S SIGNATURE _____

It is your responsibility of the student to return this form with the required signatures to the College & Career Readiness/Counselor

No later than the 10th day of the semester

A student may audit a course if there is space available after the course has begun. The student is required to participate in the course fully and maintain acceptable attendance. Permission of the parent, teacher, instructional coordinator is required for audit enrollment.