



# Change of Course Status

Admissions / Enrollment Services Office  
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## Credit to Audit or Audit to Credit

Semester:  Fall  Spring  Summer Year: 20\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Former

Phone \_\_\_\_\_ VCCS Email: \_\_\_\_\_@email.vccs.edu

I wish to change my status in the courses below from  Credit to Audit  Audit to Credit

Class #	Subject	Course #	Section	Course Title	Credits

I understand that changing my status from credit to audit may impact any financial aid I have received.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Academic Dean's Signature

For office use only		
Electronic signature verified by: _____	Processed by: _____	Date _____