

## ST. JOHN'S COLLEGE JUNIOR COLLEGE

## **AUDIT SWITCH FORM**

Student Name:						
Last Name	FIREINA		Middle Name			
Program of Study:	Majo	or (if any):				
Currently registered as A	udit					
COURSE NO.	COURSE DESCRIPTION	SEC.				
STUDENT'S SIGNATURE	ADVISO	OR'S SIGNATURE	DATE			
INSTRUCTOR'S SIGNATURE	ASST. I	ASST. DEAN FOR ACAD. AFFRS.				
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	ST. JOHN'S COLI	LEGE JUNIO	OR COLLEGE			
The second	AUDIT SWITCH FORM					

## Would like to register for Credit

Program of Study:

Would like to register for Credit								
COURSE NO.	COURSE DESCRIPTION		SEC	CR				
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STUDENT'S SIGNATURE	AD	VISOR'S SIGNATURE	2		DATE			

Major (if any):\_\_\_\_\_

INSTRUCTOR'S SIGNATURE ASST. DEAN FOR ACAD. AFFRS.