



ST. JOHN'S COLLEGE JUNIOR COLLEGE

AUDIT SWITCH FORM

Student Name: _____
Last Name First Name Middle Name

Program of Study: _____ Major (if any): _____

Currently registered as Audit

COURSE NO.	COURSE DESCRIPTION	SEC.
_____	_____	_____
_____	_____	_____

STUDENT'S SIGNATURE ADVISOR'S SIGNATURE DATE

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



ST. JOHN'S COLLEGE JUNIOR COLLEGE

AUDIT SWITCH FORM

Student Name: _____
Last Name First Name Middle Name

Program of Study: _____ Major (if any): _____

Would like to register for Credit

COURSE NO.	COURSE DESCRIPTION	SEC	CR
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT'S SIGNATURE ADVISOR'S SIGNATURE DATE

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