



800 College Court
New Bern, NC 28562
252-638-7200

305 Cunningham Blvd.
Havelock, NC 28532
252-444-6005
www.cravencc.edu

Permit to Audit Class

STUDENT'S NAME: _____ DATE: _____

CURRICULUM: _____ ID #: _____

SEMESTER: _____

| COURSE | | | COURSE TITLE | DAYS | TIME | CREDIT HOURS |
|--------|-----|-----|--------------|------|------|--------------|
| PREFIX | NO. | SEC | | | | |
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INSTRUCTOR/CHAIR: _____

ADMISSIONS: _____

FINANCIAL AID: _____

RECORDS: _____

STUDENT ACCOUNTS: _____

Please be aware that senior audit students are responsible for fees, books, and supplies.