



University of the Southern Caribbean
PO Box 175, Port of Spain. TRINIDAD
Contact: registrar@usc.edu.tt, 1(868)662-2241 ext. 2201/2209

APPLICATION TO AUDIT A COURSE
(Request to be made in duplicate)

PLEASE ENSURE ALL REQUIRED AREAS OF THIS FORM ARE FILLED AND RETURNED TO THE RESPECTIVE OFFICES.

Campus: Main South Tobago Antigua Barbados Guyana St. Lucia

Date: _____

Semester: 1st 2nd 3rd School Year 20____/20____

Name: _____ USC ID#: _____

Phone: _____ Email: _____

Degree: AA AS BA BBA B.Ed. BS

Program Name: _____

Class to be audited: _____ Credits: _____

(Acronym & Title)

School: _____ Lecturer: _____

Reason for Audit: _____

Current Credit Load: _____ Overall G.P.A: _____

Note: Maximum credit loads are determined by students' academic status, classification and overall grade point average. See overleaf for credit load structure.

As per the USC 2017-19 Undergraduate Bulletin > General Academic Information page 20;

Workload: The course load of students who engage in full or part-time employment must be adjusted to provide a reasonable balance of work and study. In determining the proper balance, the student's intellectual capacity and previous academic records are considered. The following work/study load is recommended:



Course Overload: A student shall rarely be allowed to carry a load of more than 16 credits during any one semester, and then only by permission of the Vice President for Academic Administration Under no circumstances may a student take more than 19 credits. A student with good performance in study may be allowed to take extra credits with approval from their respective Dean, according to the following guidelines:

<u>Overall GPA</u>	<u>Course Load</u>
3.00 - 3.49	17 credits
3.50 - 3.89	18 credits
3.90 - 4.00	19 credits

NB: For the third semester, a student is not permitted to register for more than 12 credits. Audited hours count within a student's work and overload limits.

I have carefully read the information outlined on this form and desire to proceed with my request.

Signature: _____ Date: _____

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Lecturer: _____ Approved Denied
Signature Date

Advisor: _____ Approved Denied
Signature Date

Verified GPA: _____ Data Entry: _____
Signature Date

Student Finance: _____ Acc. Cleared Balance: _____
Stamp, Date & Signature (If applicable)

Registrar/Designee: _____ Approved Denied
Signature Date

Comments: _____