



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

APPLICATION TO CHANGE FROM CREDIT TO AUDIT
(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 changed from Credit to Audit:

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: _____