

## REQUEST FOR AUDIT STATUS

## STUDENT RECORDS OFFICE

This	form is to be	completed by the	student and forw	arded to the Student	Records Office no later than	the 14 <sup>th</sup> day o	f the term.
Plea	se Print or Ty	pe					
Last Name			First Name		Student ID		
	CRN	Catalog Number	Section	Course Title		Credit Hours	Semester and Year Course will be taken
Student Signature				Date Do not mark below this lin	 e. For administrative use only.		
	FICE USE (		Date				

2830 Napoleon Road • Fremont, OH 43420-9670 • 419.559.2405 • or 866.AT.TERRA, ext. 2405 Form can be returned: Bldg. A, Room 200 • Email: recordsdept@terra.edu • Fax: 419.334.9035

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