



Life Christian University

AUDIT STUDENT INTENT TO UPGRADE FORM

Date: _____

Campus Code: _____ - _____

IMPORTANT: This form is required of all Audit students intending to upgrade. Once exams and/or papers are completed and graded and additional tuition paid, list the courses you wish to transfer from the Audit program. Use additional pages if needed. Have your Campus Director verify the date Audit courses were completed, new course grades, and additional tuition payments. Keep a photocopy for your personal records.

1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> REV. <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
STUDENT ID#	EMAIL ADDRESS	HOME PHONE	WORK PHONE			

2. AUDIT COURSES TO BE UPGRADED

COURSE#	COURSE NAME	DATE AUDIT COURSE COMPLETED	NEW COURSE GRADE	ADDITIONAL TUITION PAYMENT	DIRECTOR'S VERIFICATION
MP	MINISTRY PRACTICUM				

3. SIGNATURE

STUDENT SIGNATURE	DATE
I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.	

FOR DIRECTOR'S USE ONLY

DIRECTOR SIGNATURE	DATE	NUMBER OF COURSES TO UPGRADE	MAIN CAMPUS PORTION OF TUITION	TOTAL DUE MAIN CAMPUS
I HAVE VERIFIED THAT THE COURSE WORK HAS BEEN COMPLETED & ALL FEES PAID.		_____ X _____ = _____		

Directors: Report Audit Upgrade Tuition Payments on Forms & Payments Cover Sheet (Form: Adm-1)