

COURSE AUDIT REQUEST

IMPORTANT: Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. **AUDITOR**: **Shall mean a person who attends a course but is** *NOT regularly enrolled* **and** *DOES NOT* **receive credit or a grade for the course.**

AS THE STUDENT:		
I request to audit the following	ng course:	
SEMESTER: □ FALL □	WINTER □ SPRING □ SUMMER	YEAR:
CLASS NUMBER:	COURSE TITLE:	NO. OF UNITS:
STUDENT INFORMATION		
that I shall NOT be permitted CREDIT through the CREDIT B for credit load for financial aid the cost of auditing this cours	to change my status from AUDITOR to REGU Y EXAM process. I understand audited units d, scholarships, and athletic eligibility. With te and any applicable material fees. Fees pai	
		STUDENT ID#:
EMAIL:	PHONE:	
SIGNATURE:		DATE:
		dent to audit the course and I understand this
	my class level or load as monitored by Acade	
LAST NAME:	FIRST NAME:	
SIGNATURE:		DATE:
OFFICE USE ONLY		
☐ Student is currently e ☐ Student has not alrea ☐ Audit limited to two o	ntil AFTER the <i>OPEN</i> & <i>BY</i> PETITION periods have nrolled in at least one other course. dy audited the course. or less courses this term. d in 10 or more units? If yes, the fee to audit 3 or cashier all fees before attending the class.	
	nnit + any applicable material fees: x \$15.00 + Material Fees Total C	ost of Audited Class:
RECEIVED BY:		DATE: