



COURSE AUDIT REQUEST

Use this form to request to audit a course (one course per form). The following rules apply:

- Auditors must be eligible for admission to the College as regularly enrolled students.
- Students enrolling for credit will have priority in all credit classes. Auditing will be permitted only at the conclusion of the late registration period.
- Auditors will complete a Course Audit Request, which must be signed by appropriate instructor. Faculty members instructing audit eligible courses have the right to refuse auditors.
- The completed Course Audit Request must be filed with the Admissions and Records Office.
- A nonrefundable audit fee of \$15 per unit will be payable at the time of enrollment by the auditor, plus the Student Health Fee. This fee is not covered by the CCPG fee waiver.
- Students enrolled in ten units or more of credit classes will not be charged a fee to audit three (3) or fewer units per semester.
- Auditors will not be charged the regular Enrollment Fee which is paid for credit enrollment, and the Nonresident Tuition Fee will not apply.
- Course costs will be charged to auditors where appropriate.
- Auditors must purchase parking permits to park on campus.
- Auditors must meet course prerequisites.
- No transcript of record will be maintained for audited classes.
- Auditors will not be counted in enrollment-based decisions about maintaining or canceling classes.
- No transfer from audit to credit status or the reverse will be permitted.
- Audited classes do not count toward units for any purpose, e.g., financial aid, veteran’s benefits, full-time student status.

Name: _____ Student ID#: _____

Enrollment Term: Fall Spring Summer Year: _____

Course Code	Course Title	Credits	Days	Class Times	Instructor
Ex: ART-5-D9045	Art Appreciation	3	MW	1:00pm-2:15pm	E. Degas

I have read the information listed above. I understand it is my responsibility for placing this class on the Audit option.

Student Signature: _____ Date: _____

Instructor Approval

I authorize the student listed above to audit my class.

Instructor Signature: _____ Date: _____

OFFICE USE ONLY: Processed by: _____ Date: _____