

Cuesta College Course Audit Request

Student's Name _____ Date _____

SSN/ID No. _____ Telephone No. _____

Address _____
Street City State Zip

Semester & Year _____

Student Requirement:

1. List below the requested course to audit.
2. Obtain the required signatures to receive authorization to audit the requested course.
3. After the second week of instruction & after the required signatures are obtained, return this form to the Cashier's Office to verify units and pay fees. **No refunds for audited classes.**

CRN	COURSE TITLE AND NUMBER	UNITS

Board Policy for Auditing Credit Classes – 5160

Regulations and procedures shall be as follows:

1. Priority in class enrollment shall be given to students enrolled in the course for credit towards a degree or certificate.
2. Auditors will be registered in courses only during the late registration period by using an "add" slip (audit request.)
3. Registration of all of the following categories of auditors shall be allowed on a space-available basis by the procedures outlined:
 - a Auditors who are not currently enrolled must register by the normal procedure and pay a non-refundable fee of \$15 per semester unit.
 - b Auditors enrolled in less than 10 units must pay a non-refundable fee of \$15 per unit.
 - c Auditors who are currently enrolled in 10 or more semester units for credit may audit up to three semester units at no cost. An audit fee of \$15 will be charged for each additional semester unit audited above three.
4. A student auditing a course shall not be permitted to change their enrollment status in order to receive credit for the course.
5. An auditor of a course shall receive no credit and earn no grade. However, an auditor shall be expected to complete all requirements of the course except those waived by the instructor.
6. An auditor is subject to all the rules and regulations of the college.

Required Signatures:

Signatures below indicate the course listed above is approved for audit by the division/department.

Instructor's signature: _____

Dean's signature: _____

Vice President's signature: _____

For Cashier Office use only:

_____ Current Academic Credit Units. (No charge for first 3 audit units if 10 or more academic units.)
 Audit units listed above _____ X \$15.00 = \$ _____

Course Fees: \$ _____

Parking Fees: \$ _____

Verified and received by _____ Total Fees Paid \$ _____