Cypress College

Admissions and Records

Audit Request Form

Banner ID:	@									Date of Birth:	
											mm/dd/yyyy

Legal Name:			
	Last	First	Middle

Address:				
	Street (not a P.O. box)	City	State	Zip

Telephone:		Email:	
	Area Code and Phone Number		

In accordance with California Education Code 76370 and North Orange County Community College District Board Policy 4070, a student may audit designated courses under the following conditions:

1. Students must be currently enrolled in classes at Cypress College.
2. Students in good standing may audit ONLY if they have successfully completed the course at Cypress College the maximum number of times allowed for credit.
3. Students seeking to enroll in a class for credit will be given priority over students seeking to audit the class.
4. Students may petition to audit a class during the second week of the class only.
5. Students who audit will be required to adhere to all rules and regulations established for the class, including attendance requirements. Instructors are not required to administer tests or distribute test materials.
6. No grade or record of auditing will appear on the student's transcript.
7. Students will not be permitted to earn credit by examination for audited courses.
8. Students will not be permitted to change from an audit to a credit status.
9. Variable unit classes require paying for the maximum number of units.
10. The audit fee shall be $15 per unit plus the mandatory health fee (if the student has not already paid it for the applicable term) and is payable to Admissions and Records upon submission of this form. Students enrolled in ten or more credit units will have the fee for the first three audit units waived. Fees are not refundable.

DIRECTIONS:

List the CRN, department and course number, semester, and year. Obtain the signatures of the instructor and the division dean. Submit the completed form to Admissions and Records.

CRN	Dept and Course Number	Semester	Year	Instructor's Signature	Date	Dean's Signature	Date

My signature below constitutes acknowledgement of the College conditions for the auditing of courses as stated above.

_____ _____

Student Signature Date

OFFICE USE ONLY

Approved_____ **Denied**_____ **Verified by**_____ **Date**_____

NOTES:_____

_____

_____

Course Completed: _____

☐ CC Sem/Yr:_____

Course Completed: _____

☐ CC Sem/Yr:_____

Accepted by: _____

Currently Enrolled: ☐ Yes ☐ No

☐ Health Fee ☐ Parking ☐ Student ID

Units_____Amount Due:_____

Copies to: ☐ Student ☐ Instructor

Date:_____ By_____

Name:

Student ID Number: