

# BAKERSFIELD COLLEGE

## COURSE AUDIT FORM

A course audit shall be approved under only one of the following conditions, please indicate below:

- Participation by audit serves as a specific educational purpose necessary to achieve the student's educational goal.
- Participation by audit benefits other registered participants in performance arts or intercollegiate athletics courses.

**Auditing:** Although auditors do not receive a grade or credits for the course being audited, student transcripts will reflect audited courses using the notation "AU". This is not a grade and will not affect a student's grade point average. Since auditors do not receive a grade, auditing a class will not count as satisfying the prerequisites for another class.

Students who wish to audit a graded credit class may do so under the following conditions:

- Priority will be given to students who wish to take the course for credit.
- Class attendance as an auditor shall be permitted only after approval has been obtained from the instructor.
- The Audit form must be submitted to the Office of Admissions and Records after the first day of the class. The audit form will not be processed until all students who wish to register for credit have had the opportunity to do so.
- A student in a course shall not be permitted to change from audit to credit status nor from credit to audit.
- Auditors must pay the appropriate audit fees. Enrollment fees may not be used to pay for auditing a class.
- The cost to audit a class is \$15 per unit. (Students enrolled in 10 or more other units will not be charged this fee.) The non-refundable audit fee is \$15.00 per unit per term.
- Units associated with auditing are not counted toward minimum requirements for financial aid, student employment, etc.

**Term:**             **FALL**                             **SPRING**                             **SUMMER**                            **AND YEAR:** \_\_\_\_\_

**PRINT YOUR NAME**

Last	First	MI	Student ID Number
E-mail Address	Telephone Number		

**COURSE NUMBER (CRN): DEPARTMENT AND COURSE NUMBER: PRINT INSTRUCTORS NAME:**

Class to be audited

Are you currently attending classes for credit?  No  Yes      Number of units: \_\_\_\_\_

**Student has approval to audit class:**

<b>Instructor Signature</b> _____	<b>Date:</b> _____
<b>Dean Signature</b> _____	<b>Date:</b> _____

**Submit completed form to the Admissions & Records Office**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Policy 4A8F	Admissions and Records Staff Entering:		Date:
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