



Cañada College
Office of Admissions and Records
Audit Course Request

Audit Policy

The San Mateo County Community College District allows auditing of courses with the exception of courses in programs that require special preparation and/or programs where admissions is on a limited basis. A student may audit a course only under the following circumstances.

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The student must have previously enrolled for credit for the maximum number of times allowed for the particular course. |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor of record for the course must approve the enrollment as an auditor (see below). |
| <input type="checkbox"/> | <input type="checkbox"/> | The student must be in academic good standing to audit any course. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the course is a variable unit class, the student must enroll as an auditor for the maximum number of units available. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student must enroll as an auditor immediately following the published late registration period and pay the auditing fee. |

A student enrolls as an auditor the week after the late registration period is concluded because those students taking the course for credit have first priority for all classroom space. Enrollment as an AUDITOR is a manual process and must be completed at the Office of Admissions and Records within the week after the close of the late registration period. No student auditing a course shall be permitted to change his or her enrollment to receive credit for the course. An auditing fee, as established by California Educational Code, is payable at the time of enrollment as an auditor, with the exception of student enrolled in ten (10) or more semester units in the San Mateo County Community College District.

Submit this completed form to the Cañada College Office of Admissions and Records.
Please print one form for each course.
Audit Request & Enrollment Verification

Student's Name: _____ Semester/Year _____
Last First Middle
Student ID: G00 _____ Contact Phone: _____

CRN NUMBER	SUBJECT ABBREVIATION	COURSE NUMBER	COURSE TITLE	# OF UNITS

Student's Signature: _____ Date: _____

NOTE TO INSTRUCTOR: The student must present to you proof of enrollment as an auditor at the next class meeting. Any student who is not officially enrolled as a regular student or as an auditor cannot be sitting in the classroom.

Faculty Print Name: _____
Faculty Signature: _____ Date: _____

Office Use Below

Received by Staff: _____ Date: _____