

**College of the Siskiyous
Admissions & Records
APPLICATION TO AUDIT A CLASS**

800 College Avenue, Weed CA 96094 * Fax: 530-938-5367 * registration@siskiyous.edu

Last Name: _____	First Name: _____	MI: _____
Student ID: S00 _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	Length of Time in CA: _____	
Directory Information: May the College release information regarding your attendance and residence to outside inquires? This information would include your name, address, phone number, class schedule and participation in COS activities. <input type="radio"/> Yes <input type="radio"/> No		

Course Number	CRN Number	Course Title	Units
_____	_____	_____	_____

Audit Policy:

Under certain conditions, COS will allow students to audit courses. These conditions include:

- Audit courses have no unit value.
- Priority for enrollment shall be given to students desiring to take the course for credit towards a degree or certificate.
- A student wishing to audit a course will only be allowed to register for the course after the first week of the course and only if the minimum class size has been reached and the course is still open.
- The instructor must approve any student wishing to audit a course.
- A student wishing to audit a course **must have** exhausted the repeatability allowed for the course.
- A student auditing a course must participate fully in class activities.
- The instructor is not obligated to grade assignments of auditing students.
- No student auditing a course shall be permitted to change his or her enrollment to receive credit for the course.
- Audit courses will not appear on the academic transcript.

Fee for Auditing:

The audit fee is \$15 per unit; some courses may have a material fee. All fees associated with auditing a course are the responsibility of the student.

Student Signature: _____

Instructor Signature: _____

Dean/VP Signature: _____