## Cuesta College Course Audit Request

Student's Nam	ne	Semester & Year		
SSN/ID No		Telephone No		
Address	Street	City	State	7:-
I certify that I	am at least 18 years of age as ogh school diploma or equivalent	of the start of the term		'
Student's Sign	ature	Date		
1. St St 2. Li: 3. O 4. At	equirement: udent must be 18 years of age or pecial Part-time Enrichment students to below the requested course to a potain the required signatures to recter the second week of instruction rm to the Cashier's Office to verify	nts may <u>not</u> audit. ludit. ceive authorization to au & after the required sig	udit the requested conatures are obtaine	ourse. ed, return this
CRN	COURSE T	ITLE AND NUMBER		UNITS
Board Policy for Regulations and properties of the Regulations of the Regulation of the Re	prolled in less than 10 units must pay a non are currently enrolled in 10 or more sem to a second of the course shall not be permitted to change of the course shall receive no credit and earn not of the course except those waived by the bject to all the rules and regulations of the	egistration period by using an all be allowed on a space-average the normal procedure and performance of \$15 per un ester units for credit may aud semester unit audited above ge their enrollment status in o grade. However, an auditor slinstructor. college.	wards a degree or certific "add" slip (audit request allable basis by the processory a non-refundable feet it.  It up to three semester u three.  Indee to receive credit for hall be expected to compare the compared of the	cate. t.) edures outlined: e of \$15 per  nits at no cost. An the course. olete all
**************************************	lent's signature:  ************  **e use only:  Academic Credit Units. (No charge for first Audit units listed above	**************************************	**************************************	 *********
		Course Fees: Parking Fees:	\$ \$	
	Verified and received by	Total Fees Paid	\$	