



wccadmissionsinfo@yccd.edu



ycadmissions@yccd.edu

COURSE AUDIT REQUEST

Use this form to request to audit a course (one course per semester). The following rules apply:

- Auditors must be eligible for admission to the College as regularly enrolled students.
- Students enrolling for credit will have priority in all credit classes. Auditing will be permitted only at the conclusion of the late registration period.
- Requests must be made after the census date of the class.
- Auditors will complete a Course Audit Request, which must be signed by class instructor. Faculty members instructing audit eligible courses have the right to refuse auditors.
- A nonrefundable audit fee of \$15 per unit will be payable at the time of enrollment by the auditor, plus the Student Health Fee. This fee is not covered by the CCPG fee waiver.
- Students enrolled in ten or more credits will not be charged a fee to audit three (3) or fewer credits per semester.
- Auditors will not be charged the regular Enrollment Fee which is paid for credit enrollment, and the Nonresident Tuition Fee will not apply. Course costs will be charged to auditors where appropriate.
- Auditors must purchase parking permits to park on campus.
- Auditors must meet course prerequisites.
- No transcript of record will be maintained for audited classes.
- Auditors will not be counted in enrollment-based decisions about maintaining or canceling classes.
- Audited classes do not count toward units for any purpose, e.g., financial aid, veteran’s benefits, full-time student status.
- A course changed to audit cannot be changed back to credit.

Name: _____ Student ID#: _____

Phone #: _____ Home College: Yuba College Woodland Community College

Enrollment Term: Fall Spring Summer Year: _____

COURSE CODE	COURSE TITLE	CREDITS	DAYS	CLASS TIMES	INSTRUCTOR
Ex: ART-5-D9041	Art Appreciation	3	MW	9:00-10:15am	E. Degas

I have read the information listed above, and I understand it is my responsibility for placing this class on the Audit option.

Student Signature: _____ Date: _____

INSTRUCTOR APPROVAL

I authorize the student listed above to audit my class.

Instructor Signature: _____ Date: _____

OFFICE USE ONLY: Processed by: _____ Date: _____