Application to Audit a Course
Solano Community College

The following courses are not eligible for auditing: CDFS 065, CDFS 066, NURS 103, NURS 104, FIRE 140, EMT 213, all AERO, and all COSM.

Audit Criteria and Instructions:

- Student participation in the course is subject to instructor discretion.
- No grades or credit shall be awarded and no transcript of record maintained.
- Auditors may not change their status in the course from audit to credit or the reverse.
- Course auditing is permitted as a service to students who have completed designated credit courses for the maximum number of allowable enrollments at SCC.
- The auditing fee is $15.00 per semester unit. This fee is non-refundable.
- Student will take form to the instructor of the course ONLY after the SECOND class meeting when class size has been stabilized for regularly enrolled students. If instructor agrees to allow an audit and signs the form, the student will then secure the Division Dean's signature
- The student then takes the signed form to the Admissions & Records counter for processing.
- Student will then pay audit fees at the Cashier and will take receipt stamped PAID back to the instructor of the class.

A&R STAFF ONLY: Processing Checklist (Circle Yes/No) :

Y / N – Has the 2nd class meeting occurred?
If no, student will have to come back after 2nd meeting occurs.

Y / N – Has student previously completed this class with a passing grade at SCC?
If no, enroll class for credit.

Y / N – Has student exhausted repeatability for this class and/or family?
If no, enroll class for credit.

Y / N – Is this student enrolled in 10 or more units for the term?
If yes, consult A&R Dean for possible waiver of audit fees.

APPLICATION TO AUDIT
Solano Community College

Summer 20_____ Fall 20_____ Spring 20_____

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Last Name First M SCCID #

CRN #	Course Title	Course Number	Units	Instructor Signature
Example: 10256	Math	030	3.0	

Division Dean's Signature:_____**Date**_____**(Required)**

(A&R Office Use Only) **Eligibility Approval:** _____ ____
Initials Date

Fee to be charged: **Units**_____**x $15 =** _____
Paid: $_____ **Initials:** _____ **Date**_____

******Take completed form to instructor to allow participation in the course******