

BUTTE COLLEGE APPLICATION FOR AUDIT
(Please print all information)

TERM: _____ YEAR: _____

STUDENT NAME: _____ ID# _____

I request enrollment in the course listed below on an audit basis:

Control Number	Course Number	Course Title
----------------	---------------	--------------

I understand that neither a grade nor credit will be awarded. Furthermore, I understand that my enrollment is on a space-available basis, and that I will be disenrolled if necessary to provide space for regularly enrolled student. Audit must be declared at the time of enrollment and cannot be reversed. Concurrent enrollment on an audit basis and credit basis is not permissible.

DATE: _____ STUDENT SIGNATURE: _____

DATE: _____
Signature of Instructor

DATE APPLICATION APPROVED: _____
Signature of Vice-President of Instruction or Designee

To be valid, the student must submit this completed form along with an add card with the appropriate signature(s) to the Admissions and Records Office.

FEES PAID: _____ DATE ENTERED: _____ INITIALS: _____