Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094 Phone: (530) 938-5500 - Fax: (530) 938-5367 - Email: registration@siskiyous.edu

Application to Audit a Class

Last Name:	First Name:	MI:
Date of Birth:	Student ID#: S00	or SSN :
Email:		Phone:
Mailing Address:		
City:	State:	Zip Code:
Length of Time in California:		
	ion regarding your attendance and residence ame, address, phone number, class schedule lo	
Course:	CRN:	Units:
Audit Policy:		
 Audit courses have no uni Priority for enrollment shall or certificate. A student wishing to audit the course and only if the The instructor must approvate A student wishing to audit A student auditing a course No student auditing a course course. 	Il allow students to audit courses. These contit value. Il be given to students desiring to take the continuous accourse will only be allowed to register for the minimum class size has been reached and the veany student wishing to audit a course. In a course must have exhausted the repeatable emust participate fully in class activities. In a course must have exhausted the repeatable emust participate fully in class activities. In a course must have exhausted the repeatable emust participate fully in class activities. In a course must have exhausted the repeatable emust participate fully in class activities. In a course must have exhausted the repeatable emust participate fully in class activities. In a course will only be allowed to register for the research of the course of	urse for credit towards a degree he course after the first day of he course is still open. bility allowed for the course. ts.
Fee for Auditing:		
The audit fee is \$15 per unit; som are the responsibility of the stude	ne courses may have a material fee. All fees a nt.	associated with auditing a course
Student Signature:		
Instructor Signature:		
Dean/VP Signature:		
For Office Use Only		
	r or onioo ooc only	

Signature: Date Processed: