Petition to Audit Form

School of Continuing Education
Pharmacy Technician Program

Please read carefully before submitting the petition to audit form:

In accordance with California Education Code Section 76370 and North Orange County Community College District Policy Section 4070, a student may "audit" designated courses under the following conditions:

1. Students may audit a course only if they have previously taken the course at the School of Continuing Education and received a passing grade.
2. Students enrolling in a course for a grade will be given priority over students auditing.
3. The signature of the Program Coordinator must be obtained first before obtaining a signature from the instructor.
4. Fees charged for auditing college courses are subject to change.
5. Students who audit will be required to adhere to all rules and regulations established for the course, including attendance. Instructors are not required to administer tests or distribute test materials to students who are auditing a course.
6. No record of auditing or grade will be noted on the student's transcript.
7. Students may audit a course only one time.

PLEASE PRINT CLEARLY:

Name: _____ / _____ / _____ **Student ID #:** _____
LAST FIRST MIDDLE

Address: _____ / _____ / _____ / _____
STREET APT # CITY ZIP

Phone #: _____ **Date of Birth:** _____ **Term:** Spring **Year:** _____

Step 1.) Enter in the CRN and Course title below:

CRN	COURSE NUMBER & TITLE
	MEOC 140 - Pharmaceutical Mathematics

Step 2.) Present the form to the Program Coordinator for completion and signature.

To be complete by the Program Coordinator/ or Dean	Indicate with an X
1. Petiton is approved.	
2. Students may audit a course only one time. Our records indicate you have audited this course previously.	
3. Priority is given to 1st time students before petitioning students are allowed to register.	
Comments:	
PROGRAM COORDINATOR'S OR DEAN'S SIGNATURE:	
DATE:	

Step 3.) If approved by the Program Coordinator, present the form to the Instructor for signature.

INSTRUCTOR'S SIGNATURE:		Date:

Step 4.) Sign below and present this form for processing at the Registration Counter along with a completed registration form.

FEES ARE NOT REFUNDABLE.

My signature below constitutes acknowledgement of the policy regarding the auditing of classes as stated on the reverse of this form.

STUDENT'S SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

SHACRSE:
Passing Grade? _____ No ____ Yes Term: _____

ADDED CLASS IN SFAREGS (AU code):

Verified By _____ Date _____

Amount Received _____ Posted on SFAFEES _____

Date: _____ By: _____

White: Student Accounting Dept./WIL ***Blue: Instructor*** ***Yellow: Student*** ***Pink: Program Coordinator***

Print Form