

## PETITION TO AUDIT

**PROGRAM:**  Medical Assistant Program  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 North Orange 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 Director 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.

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET APT # CITY ZIP

**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

CRN	COURSE NUMBER & TITLE

**Step 1 Present the form to the Program Director for completion and signature.**

To be complete by the Program Director, or Designee	Indicate with an X
1. <b>Petition is approved.</b>	
2. <b>Students may audit a course only one time. Our records indicate you have audited this course previously.</b>	
3. <b>Priority is given to 1<sup>st</sup> time students before petitioning students are allowed to register.</b>	
<b>Comments:</b>	
<b>PROGRAM DIRECTOR OR DESIGNEE'S SIGNATURE:</b>	
<b>Date:</b>	

**Step 2 If approved by the Program Director, present the form to the Instructor for signature.**

<b>INSTRUCTOR'S SIGNATURE:</b>	<b>Date:</b>
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**There is a \$15 fee charged for auditing a course. 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	
<b>SHACRSE:</b> Passing Grade? Yes/ No Term: _____  <b>ADDED CLASS IN SFAREGS (AU code):</b> Verified By _____ Date _____	Amount Received _____ Posted on SFAFEE _____  Date: _____ By: _____