# COURSE AUDIT PETITION

Admissions Center ~ 900 Otay Lakes Road ~ Chula Vista, CA 91910 ~ (619) 482-6550

**PLEASE PRINT CLEARLY**

| | |
|---|---|
| Name | Semester/Session & Year |
| SWC ID# | Your Telephone # (  ) |
| Email Address | ***Copy of approved petition will be emailed*** |

Are you currently enrolled in other courses for college credit? ❑ NO ❑ YES – units _____

## 2 CLASSES MAXIMUM MAY BE AUDITED PER SEMESTER
## AUDITS ARE PROCESSED DURING THE ADD/DROP PERIOD ONLY

| Course Title & Section Number | Units | Instructor's Name *(Please print clearly)* | Instructor's Signature or Attached Southwestern College Email *(Copy of Petition will be emailed)* |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

**By signing below, I understand the following:**

- If I drop a credit class after the refund period, I must pay the additional audit fees to audit the same course
- I will not receive college credit in the semester I audit the course(s)
- All Audit Fees are non-refundable

Student Signature: _____ Date: _____

### ADMISSIONS OFFICE USE ONLY

Concurrent Enrollment: ❑ NO ❑ YES Units_____ Last day to add class on SRGD _____

❑ APPROVED ❑ DENIED Comments: _____

ASUM updated _____ Date _____ Verified by _____

### STUDENT ACCOUNTS/CASHIERING USE ONLY

Course Audit Fee *($15 per unit per semester)*: $_____

Health Fee *(Mandatory)*: $_____

Other: $_____

Amount Paid: $_____

Receipt #: _____

**Note:** Students enrolled in 10 or more credit units shall not be charged a fee to audit three or fewer units per semester.

Initials: _____

**White: Admissions & Records** **Yellow: Student Accounts/Cashiering** **Pink: Student**