Glendale Community College
Office of Admissions and Records

AUDIT ENROLLMENT FORM

Name: _____ **GCC ID:** _____
Last Name MI

Address: _____
No. Street Apt. # City State Zip Code

Telephone Number: ( ) _____

Below are the rules and regulations for auditing courses at Glendale Community College. Please read them carefully.

- Priority enrollment shall be given to students desiring to take the course for credit. Therefore, enrollment for the purpose of auditing is on a space available basis, solely upon the discretion of the instructor. Enrollment for audit may not take place until the second week of the semester. At that time, students must obtain the signature of the instructor and submit this form to the Office of Admissions and Records.
- **Once audit enrollment is completed, no student shall be permitted to change his or her enrollment to receive credit. Also, students are not permitted to change from enrollment for credit to audit.**
- No credit shall be received for auditing a course. The college will not maintain any attendance or transcript records.
- A nonrefundable fee for auditing is $15.00 per unit. Auditors are also required to pay for the Student Health Fee and Student Services Fee. Students who are auditing may purchase an ID card. Students who are enrolled in and remain enrolled in 10 or more units will not be charged a fee for auditing up to three units.
- All fees are due at the time the Audit form is submitted to the Admissions and Records office.
- Students shall abide by all policies regulating student responsibility and conduct as defined in the college catalog and the class schedule.

Select term and year:

☐ Summer 20____ ☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____

Course Information:

Ticket Number: _____ **Course and Number:** _____**Units:** _____

Are you currently enrolled in any other credit courses at Glendale Community College?

☐ Yes ☐ No

If yes, how many units? _____

I have read the policy and fully understand the rules and regulations for auditing a course. I will comply with the policy.

Student's signature: _____ ***Date:*** _____

Instructor's signature: _____ ***Date:*** _____

Admissions and Records Office Use Only

Student Services Fee: _____ **ID Card Fee:** _____ **Health Fee:** _____

Audit Fee at $15.00 per unit: _____ **Total Amount Due: $** _____