



BUTTE COLLEGE

APPLICATION FOR AUDIT

Student ID Number

STUDENT NAME: _____

TERM: _____

YEAR: _____

I request enrollment in the course listed below on an audit basis:

Control Number

Course Number

Course Title

I understand that neither a grade nor credit will be awarded. Furthermore, I understand that my enrollment is on a space available basis, and that I will be dis-enrolled if necessary to provide space for regularly enrolled students. Audit must be declared at the time of enrollment and cannot be reversed. Concurrent enrollment on an audit basis and credit basis is not permissible.

DATE: _____

STUDENT SIGNATURE: _____

INSTRUCTOR SIGNATURE: _____

DATE: _____

SIGNATURE OF DEAN OR DIRECTOR: _____

DATE: _____

To be valid, the student must submit this completed form along with an add card with the appropriate signature(s) to the Admissions and Records Office prior to the audit deadline.

FEES PAID: _____

DATE ENTERED: _____

INITIALS: _____

Admissions and Records
3536 Butte Campus Drive
Oroville, CA 95965

AR07-703

530.895.2361 Phone
530.879.4313 Fax