

Application to Audit Units

PERSONAL DETAILS

Full Name:

Student Number:

Enrolment: Current student External visitor

COLLEGE POLICY ON AUDITING

Applicants who wish to audit classes or units of study must refer to, and comply with, the *CCA Policy on Auditing Classes*, with reference to the *CCA Observers in Classes Policy*, and to the current *Student Handbook, Rules and Regulations*.

AUDITING DURATION

APPLY TO AUDIT A UNIT OF STUDY: (please specify) Before Census Date After Census Date

Semester & Year	Unit Code	Unit Name	Unit Lecturer Approval	Dean of Studies Approval

WITHDRAW FROM AUDITING A UNIT: (please specify) Before Census Date After Census Date

Semester & Year	Unit Code	Unit Name	Unit Lecturer Approval	Dean of Studies Approval

FEES

Nominal tuition fee for auditing a unit: Not applicable Amount: _____

ADDITIONAL COMMENTS

DECLARATION

I declare that the information on this form is, to the best of my knowledge, correct and complete in every detail. I have read, understood and agree to the College's refund policy and the Rules and Regulations outlined in the Student Handbook. I understand that the details provided are protected by the Privacy and Personal Information Act 1998 (NSW).

Student Signature	Full Name	Date
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OFFICE USE ONLY

Dean of Studies (or Associate Dean)	Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature:
	Reasons (Optional):			
Student Administration	Date:	Signature:		