

AUDIT REQUEST FORM

Please complete form and email to registration@fullcoll.edu for processing

FULLERTON COLLEGE
Admissions and Records Office

PLEASE PRINT CLEARLY:

Name: _____ / _____ / _____ Student ID #: _____
LAST FIRST MIDDLE

Address: _____ / _____ / _____
STREET APT # CITY ZIP

Phone #: _____ Date of Birth: _____ Term: _____ Year: _____

CRN

COURSE NUMBER & TITLE

INSTRUCTOR'S SIGNATURE

DIVISION DEAN'S SIGNATURE



FEES ARE NOT REFUNDABLE. My signature below constitutes acknowledgment of the college policy regarding the auditing of classes.

See audit policy/procedures on our website: <https://admissions.fullcoll.edu/auditing-courses/>.

STUDENT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

SHACRSE:

Passing Grade? No Yes Sem/Yr: _____

Currently Enrolled in other classes: Yes _____ No _____

Health Fee (2HLF) Parking Student I.D.

DO NOT ADD CLASS(ES) IN SFAREGS

Units _____ Amount Received _____

Verified By _____ Date _____

Date: _____ By: _____