



## Permission to Audit Form

Today's Date (YYYY/MM/DD):							

Student Number:							

The **Permission to Audit** form is an agreement between an instructor and a student who intends to **enrol in a course without receiving credit**, as per College of the Rockies' 2.1.4 *Course Audit* policy. To change to "audit" status, the student must:

1. Obtain instructor permission through the completion of this form.
2. Submit the *Permission to Audit* form to Enrolment Services for processing.
3. Register and pay full tuition fees for the course, and purchase text books and supplies.

### SECTION A Completed by *STUDENT*

<b>Last Name:</b>	<b>First Name:</b>
<b>Phone Number(s):</b>	<b>Email Address:</b>

Semester & Year <i>(e.g. Fall 2018)</i>	Course Name <i>(e.g. ENGL)</i>	Course # <i>(e.g. 101)</i>	Section # <i>(e.g. 01)</i>	Instructor <i>(please print)</i>

### SECTION B Completed by *INSTRUCTOR*

The student agrees to meet the following course requirements, as detailed in the course outline and/or syllabus:  
*mark all that apply*

Preparation (specify which, if not all: course readings, homework, etc.)  
\_\_\_\_\_

Attendance and Participation (specify which, if not all: group work, field trips, etc.)  
\_\_\_\_\_

Assignments (specify which, if not all: papers, research projects, etc.)  
\_\_\_\_\_

Exams (specify which, if not all: quizzes, tests, mid-term(s), final, group, oral, etc.)  
\_\_\_\_\_

Yes    No    *The instructor agrees to provide written/oral feedback on the student's work*  
Yes    No    *The instructor agrees to provide (advisory) grades on the student's work*

*NOTE: Audited courses cannot be used to meet minimum course load requirements for student financial assistance*

#### DECLARATION

##### Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

##### Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

<b>Student's Signature:</b> <b>X</b>	<b>Date:</b> (YY/MM/DD)	<b>Instructor's Signature:</b> <b>X</b>	<b>Date:</b> (YY/MM/DD)
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#### FOR REGISTRAR OFFICE USE ONLY

Changed from Credit to Audit and entered into Colleague by: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Students requesting a status change from "Credit to Audit" shall do so by the end of the fourth week for a 15-week semestered course, or the end of the second week of an intersessional semester, or 20% from the start of the course delivery hours.*