Diablo Valley College

Class Audit Policy

The Governing Board of the Contra Costa Community College District authorizes auditing of classes. You must secure approval from the instructor whose course you wish to audit. The instructor reserves the right to approve or disapprove any audit request at their discretion, and their decision is final

Auditors will not be counted in enrollment-based decisions about maintaining or cancelling classes.

Auditors will not be allowed to remain in class unless the audit request form is processed by DVC Student Services.

You may audit a class at Diablo Valley College providing that the following conditions are met:

1. Enrollment for the purpose of auditing will b e on a space available basis, and requires the approval of the instructor. In most cases, auditing is for students who cannot enroll as a registered student due to limitations in course repeatability. Classes with restricted enrollment due to regulations or station limitations cannot be audited. If you audit a class, your participation in class activities will be solely at the discretion of the instructor.
2. You will be charged a non-refundable audit fee of $15 per unit, payable at the time of enrollment as an auditor. You will not be charged the enrollment fee for auditing a class.
3. If you are enrolled in classes to receive credit for 10 or more semester credit units, you will not be charged a fee to audit three or fewer semester units per semester.
4. No credit or grades will be received for auditing a course. The college will not maintain any attendance or academic records.
5. Priority in class enrollment shall be given to students who desire to take the course for credit; therefore, enrollment for audit purposes will not be permitted until the last day to add that course.
6. You will not be permitted to change your enrollment from credit to audit. Once an audit request is approved, you will not be permitted to change your enrollment to receive credit.
7. Instructions for auditing a course: 1. Pick up a course audit request form from Student Services

2. Obtain the signature of approval from the instructor of the course.

3. Submit the signed audit request and the auditing fee to the Cashier's Office in Student Services.

**DRAFT**  
Diablo Valley College  
Request to audit credit course

Students should take this completed form along with $15 per unit to the Cashier’s Office.   
**Enrollment for auditing purposes will not be permitted until the last day to add that course.***[We need to determine a deadline date to submit the form and fee]*

Student Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Student ID\_\_\_\_\_\_\_\_\_\_\_  
 Last First MI

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_

Street City State Zip

I request permission to audit the following course for: FA\_\_\_\_\_\_\_ SP\_\_\_\_\_\_\_ SU\_\_\_\_\_\_\_ Year\_\_\_\_\_\_

I am enrolled currently in \_\_\_\_\_\_\_\_\_\_ total number of credit units.

Course title and number I wish to audit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Units:\_\_\_\_\_\_\_

Title Number Section

Instructor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My reason for seeking to audit this course (check all that apply):

I have reached the maximum number of times I can enroll in this course for credit.

I want to improve my skills prior to taking this course for credit.

Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I know that I will not receive credit for the course nor will it appear on my transcript.

Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow the approval process outlined below and obtain the required signature.  
Student should not fill out below this line.**

………………………………………………………………………………………………………………………………………………………………….

As the instructor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_,   
 Course Title Number Section  
I certify that all the following conditions have been met.

**Check all boxes:**  
I am willing to allow the student named above to audit this course.

The minimum course requirement of students enrolled for credit has been met.

The auditing student is not replacing a credit student or causing course enrollment to exceed a class maximum without my agreement.  
I have agreed with the student on standards for performance and attendance.

Instructor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_