

## 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 Auditing and Observing of Classes Policy* with reference 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).*

<b>Student Signature</b>	<b>Full Name</b>	<b>Date</b>
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### OFFICE USE ONLY

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