

## Auditing Form

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Student's Name \_\_\_\_\_ B Number \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Course	Course CRN	Course Title	Instructor Signature

All audit fees are due and payable at the time of registration. Refunds will only be issued if the course was canceled by Barstow Community College. Please note: Audit courses will appear on your transcript as having been audited.

Signature \_\_\_\_\_ Date \_\_\_\_\_

AR008 Rev 8/2013

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