



Permission to Audit

Student Information

Last Name	First Name	Student Number C
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Permission: Change to **AUDIT** on or after the first day of class to the published course withdrawal deadline

INSTRUCTOR: *(Do not sign until the first day of class)*

This student has my permission to **audit**:

Course _____ Section (required) _____

Print Name _____ Instructor Signature _____

Return complete form to the Registration Department, or email to registration@camosun.ca or use on-campus drop boxes located at either campus (outside east entrance ID or inside 2nd floor hallway LACC)

If permission to audit is granted:

- **prior to** the add/drop deadline, 50% of the tuition is charged for audited courses
- **after** the add/drop deadline, full tuition fees are applicable
- **the Student Records Department** will process this change to audit