Westminster
Seminary California

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www.wscal.edu ● registrar@wscal.edu

AUDIT REGISTRATION

Audit Checklist:

- ☐ Submit Audit Registration to **WSC Registrar**
- ☐ The term/year that I would like to audit at WSC:

_____
Term Year

Choose one of the following:

- ☐ I will register by mail. Enclosed is my check payable to WSC for the audit fee of $225.00/credit hour.
- ☐ I will register and pay in person
- ☐ I will register by mail. Please send me a bill.
- ☐ I will register as Alumni or spouse of a full-time student.

As a service to the Christian community, WSC permits individuals to audit most courses. Persons desiring to audit are required to secure the permission of the WSC Registrar, complete this registration form, and pay a non-refundable fee of one-half the regular tuition charge for each course audited. Alumni and spouses of current full-time students may audit courses free of charge.

Contact Information

(Please print clearly) ☐ I am an Alum. ☐ I am a Student Spouse.

Name: _____
LAST FIRST MIDDLE

Current Mailing Address: _____

_____
CITY STATE ZIP CODE

Phone Numbers: _____ Email: _____
HOME CELL

SSN: _____ Birth date: _____

Classes

(Please list the courses which you would like to audit)

Course #	Course Title	# of Credit Hours

Audit Policies

(Please read the following policies and sign below)

1. Audit fees are non-refundable
2. As an auditor, you are able to attend class and have access to the instructor's office hours.
3. Auditors are encouraged to use the library. Circulation privileges may be obtained through a nominal fee through the library.
4. Auditors are not normally permitted to receive instruction materials or participate in classroom exercises or recitations or to make seminary presentations, nor will assignments or examinations be reviewed or graded by the instructor.
5. Auditors are not normally permitted to access the campus' wireless internet
6. Auditors are not normally admitted to language courses except under certain conditions. Please see the Academic Catalogue.

_____
SIGNATURE DATE

By signing the above, I agree that I have read, understand, and agree to abide by these policies.

For Office Use Only:

_____
REGISTRAR SIGNATURE **DATE**