

For more information or to request alternate formats of this form for accessibility, please contact ppl@durhamcollege.ca or call 905-721-3052.

Personal Information (Legal Name)		
Student First Name	Student Middle Name	Student Last Name
Address:		
City:	Province:	Postal Code:
Telephone Number:		Birth Date (yyyy-mm-dd):
DC Student Number:		Gender:
Durham College Email Address:		

Course Information		
Course Name:		Course Code:
CRN:	Start Date:	
Day:	Time:	Fee:

This registration does not entitle the student to have the subject coursework evaluated or graded. The audited subject may not revert to a subject credit at any time. A designation of “AU” will be entered on the transcript for all audited subjects. Audited subjects will not be considered in determining the full-time/part-time status of a student. At no time will an AU on a grade report be deemed the successful completion of the course. The college will not verify participation or attendance for audited courses.

Students auditing a subject do so with the understanding that they will pay full fees but will not earn academic credit for the subject. Audit students must comply with Professional and Part-Time Learning and Durham College policies and procedures. If the course you wish to audit is a distance education course, permission may not be granted due to another college owning the course.

In-class/online learning activities including group work, as part of the learning process, are required for all class members. An auditing student’s role in the group will not negatively impact other learners’ assessment. If, in the opinion of the instructor, an auditing student is hindering the learning activities of other learners, the student may be required to discontinue with the class. In the event that this occurs, Professional and Part-Time Learning refund policy will apply.

Students who have audited a course cannot challenge the credit through Prior Learning and Recognition (PLAR) until ten months after the completion of the audited course.

Please email or submit the completed form in person to Professional and Part-Time Learning prior to registering for the course.

Please sign and date indicating that you have read and understand the conditions of an audit registration.

Student Authorization:	Date (yyyy-mm-dd)
<p>By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission.</p> <p>I hereby certify that all attachments are true and accurate, and I agree that my application may be rejected if I have falsified this application in any way, had anyone else complete it, or failed to provide all relevant information.</p>	

Program Manager Signature:	Date (yyyy-mm-dd)

Director/Dean Signature:	Date (yyyy-mm-dd)

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed to complete the requested subject audit. Your personal information may also be used for various administrative, statistical, and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use, and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.