Office Use Only Date Received _____/_____/_____ Received by _____	# APPLICATION TO AUDIT UNITS	CHC

Use this form to apply to **audit units** at Christian Heritage College. Applications will be accepted only for units which are offered in Semesters 1 and/or 2, and must be received by the following dates:

To audit units in Semester 1: February 1
To audit units in Semester 2: July 1

Please send your completed form to: **The Registrar, Christian Heritage College**
PO Box 2246, Mansfield BC, QLD 4122

The date of application is the date on which CHC receives this form. You will be advised in writing of the outcome of your application.

NAME AND CONTACT DETAILS

Name:

Title (Dr/Mr/Mrs/Ms/Miss/etc): .....

Family Name: .....

Given Names: .....

Preferred Given Name: .....

Address:

Street: .....

Suburb: .....

State: ..... Postcode: ☐☐☐☐

Phone: Day ☐☐ ☐☐☐☐ ☐☐☐☐

Mobile ☐☐☐☐ ☐☐☐ ☐☐☐

Student Number (if applicable): .....

Email (mandatory): .....

DETAILS OF UNITS TO AUDIT

Which units do you propose to audit, and when? The CHC website contains information about unit codes and titles, and the semesters in which units are offered.

Unit Code	Unit Title	Credit Points	Semester and Year
.....	.....	☐	Sem ☐☐ Year ☐☐☐☐
.....	.....	☐	Sem ☐☐ Year ☐☐☐☐

OFFICE USE ONLY	1. SCHOOL ADMIN Initials ..... Date ..... / ..... / ..... 3. STUDENT ADMIN Initials ..... Date ..... / ..... / ..... 2. REGISTRAR Initials ..... Date ..... / ..... / .....

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The fee for auditing units is one-half of the tuition fees for the unit as advertised on the Fees page on the CHC website, plus GST of 10% (to calculate the fee per unit, including GST, divide the tuition fee amount by two and multiply the result by 1.1). *Please note that payment must be made with this application.*

Number of units to be audited:
- Undergraduate units (100-level – 400-level) ☐ Amount = $ .....
- Postgraduate units (400-level) ☐ Amount = $ .....
- Postgraduate units (500-level – 600-level) ☐ Amount = $ .....

TOTAL = $ .....

Please accept my cheque/money order for AUD$ ..... made payable to *Christian Heritage College* **OR**

Please debit my: ☐ Visa ☐ Mastercard - Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name as it appears on the card: .....

Signature: ..... Expiry Date: ☐☐ / ☐☐