STATE UNIVERSITY OF NEW YORK AT POTSDAM
COURSE AUDIT APPLICATION FORM

Please Print Clearly

Semester you are applying for: ❒ Fall 20_____ ❒ Winterim 20_____ ❒ Spring 20_____ ❒ Summer 20_____

Today's Date_____

Name _____ Day Phone # _____
Last Name First Name Middle Name

Mailing Address _____ Alternate Phone # _____

City/State/Zip _____ Date of Birth _____

E-mail Address _____

❒ Male ❒ Female

List the course(s) to be audited below with the number and title
NOTE: Participation/Performance courses cannot be audited

Code Number (example 10090)	**Course Number** (example ANTA 100)	**Section Number** (example 001)	**Course Title**

I am exempt from the $25 per course fee for the following reason:

- ❒ Matriculated registered student at SUNY Potsdam
- ❒ Faculty member at SUNY Potsdam
- ❒ Staff member at SUNY Potsdam
- ❒ Family of a SUNY Potsdam faculty or staff member
- ❒ Alumnae

Signatures:

_____ Date _____
Student Signature

_____ Date _____
Instructor Approval

_____ Date _____
Department Chair Approval

_____ Date _____
Extended Education Approval