COURSE AUDIT APPLICATION FORM

Please complete this form and submit

Mail:
SUNY Potsdam
44 Pierrepont Ave., Potsdam, NY
13676-2294
Phone: 315.267.2154

Request Date:

Semester: ◯ Summer   ◯ Fall   ◯ Winterim   ◯ Spring   Year

Name

First   M.I.   Last

Preferred Name:

Mailing Address:

City/State/Zip:

Date of Birth:

E-mail Address:

Day Phone:

Alternate Phone:

List the course to be audited below with the number and title

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

I am exempt from the Audit fee *only* for the following reason:

☐ Registered non-matriculated or matriculated student at SUNY Potsdam

☐ Faculty member at SUNY Potsdam

☐ Staff member at SUNY Potsdam

☐ Immediate family of a SUNY Potsdam faculty or staff member*

☐ Graduate of SUNY Potsdam*

☐ Senior Citizen*

Student Signature   Date

Instructor Approval   Date

Dept Chair/ Dean Approval   Date

Return signed form with payment (if applicable) to the Registrar's Office.

Registrar Approval   Date