COURSE AUDIT APPLICATION FORM

Potsdam
STATE UNIVERSITY OF NEW YORK

Please complete this form and submit to Registrar's Office, Raymond Hall 313 with signatures.

Request Date: _____

Semester: ☐ Summer ☐ Fall ☐ Winterim ☐ Spring Year _____

Name _____
First M.I. Last

Preferred Name: _____

Date of Birth: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

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**

The auditing fee is $50 per course, subject to change, and additional fees (lab, technology, athletic, travel, etc.) may apply. Individuals who are 60 years of age or older may audit courses without paying an auditing fee.
Choose one:

☐ I meet the exemption criteria listed above

☐ I do not meet the exemption criteria above

Payment information will be sent to the email address provided above. Payment must be made prior to attending the course.

Student Signature _____ Date _____

Instructor Approval _____ Date _____

Return signed form to the Registrar's Office, Raymond Hall 313.

Registrar Approval _____ Date _____