Request Date:  

Semester: ☐ Summer  ☐ Fall  ☐ Winterim  ☐ Spring  
Year  

Name  
First  Middle  Last  

Mailing Address:  

City/State/Zip:  

E-mail Address:  

Day Phone:  Alternate Phone:  

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

<table>
<thead>
<tr>
<th>Code Number (example 10090)</th>
<th>Course Number (example ANTA 100)</th>
<th>Section Number (example 001)</th>
<th>Course Title &amp; Location</th>
</tr>
</thead>
</table>

I am exempt from the Audit fee 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 Graduate & Continuing Education office, 206 Raymond Hall (2nd Floor)  

Graduate & Continuing Approval  Date