



COURSE AUDIT APPLICATION FORM

Please complete this form and submit one of the following ways:

Email: gradcon@potsdam.edu

Fax: 315.267.3350

Mail: Graduate & Continuing Education

44 Pierrepont Ave., Raymond Hall 206

Potsdam, NY 13676-2294

Phone: 315.267.2165

Request Date:

Semester: Summer Fall Winterim Spring Year

Name
 First M.I. Last

Preferred Name:
 Date of Birth:

Mailing Address:
 City/State/Zip:

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 Graduate & Continuing Education office, 206 Raymond Hall (2nd Floor)

Graduate & Continuing Approval Date