# Course Audit* Form

**Subject to available space*

Instructions: Fill out all required information below. Please Print.

Definition of Auditor – Any individual wishing to attend a credit-bearing course, but choosing not to receive credit* or formal recognition for their participation.

**Credit will not be granted once a student has committed to course audit process.*

Student Name: _____ Maiden Name: _____

Address: _____

Phone: _____ SUNY Canton ID/SSN: _____ Date of Birth_____

Email Address: _____ Sex: M F

High School Attended: _____ Year Graduated: _____

Prior College Attended: _____ Degree Awarded: _____

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Semester: FALL WINTER SPRING SUMMER YEAR_____

| CRN | Subject | Section | Course Name |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

Instructor Name: _____ Instructor Signature: _____

Conditions: (*To be agreed upon by student and instructor)*

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_____

_____

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Audit Fee: $50 Student Service Center Signature: _____

Senior Citizen Waiver: *No audit fee for students age 60 and over.*

Special Circumstances Fee Waiver: _____ (VP Academic Affairs) Date: _____

Describe Special Circumstances: _____

*Submit completed form to Registrar, One Hop Shop - Miller Campus Center, before first class.*

Distribution: REGISTRAR SCHOOL DEAN INSTRUCTOR STUDENT

Revised 2/16