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: _____

Street: _____ City: _____ State:_____ Country: _____

Phone: _____ SUNY Canton ID/SSN: _____Date of Birth: _____

Email Address: _____ Sex: M F

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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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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 8/18