



# Course Audit\* Form

*\*Subject to available space*

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

**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 Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Sex: M F



Semester: FALL WINTER SPRING SUMMER YEAR \_\_\_\_\_

CRN                      Subject                      Section                      Course Name

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

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



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.*