

Course Audit Request Form

All requests must carry approval of course instructor and department chair.

- Check one: ___ Currently enrolled SUNY Oneonta student (no fee)
 ___ SUNY Oneonta employee (no fee)
 ___ Age 55 or over (no fee)
 ___ No SUNY Oneonta affiliation (\$50 audit fee)
 ___ High school student (parent signature and \$50 fee)

Name: _____ A# _____

Street/PO Box: _____

City/State/Zip _____

Phone _____ E-Mail: _____

Date of birth: _____

Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No
(Even if you have never attended college, a response is required.)

Term: ___ Fall 20___ ___ Spring 20___ ___ Summer 20___

CRN#	SUBJECT	COURSE #	COURSE TITLE	DAY(S)/TIME(S)	BUILDING/ROOM

I have read and fully understand the regulations for course audits at SUNY Oneonta.

Auditor's Signature

Date

Parent's Signature (required for high school students under the age of 18)

Date

All course audits must have approval of course instructor and department chair.

Course Instructor _____
Signature

Date

Department Chair _____
Signature

Date

Approved forms must be taken to the Office of Continuing Education, Netzer 135, for final processing.

Office Use Only:

Verified by Continuing Ed on: _____

Initials: _____

Sent to Student Accounts on: _____

Initials: _____

Copy sent to the instructor on: _____

Initials: _____

Fee Assessed at Student Accounts on: _____

Initials: _____