



# COURSE AUDIT APPLICATION FORM

Please complete this form and submit

Mail:  
SUNY Potsdam  
44 Pierrepont Ave., 131 Sisson Hall  
Potsdam, NY 13676-2294 Phone:  
315.267.2590

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 131 Sisson Hall

Continuing Education Approval  Date