

## **COURSE AUDIT REGISTRATION**

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439 • recreg@newpaltz.edu

Last Name	First Name	MI	Date of Birth (required)
Address			
Email		()_ Phone Number	
☐ I am registered at New Paltz	N Student ID Number		
Course information:	List the Course to be audited	below with the number	er and title.
☐ Fall ☐ Spring	CRN COURSE NO.	SEC. NO.	COURSE TITLE
Summer Winter 20			
in the course or to have work evaluate earned. Students may not change to the student must obtain written approximately Registered New Paltz students may non-refundable after the first week REGISTRATION FEE: \$50 (Fee where the provided of	ated in any other way. The audito heir enrollment status from audit proval from both the course instruct audit courses without paying a rof classes.  aived for individuals 60 years and LL auditors. For current fee go to studio, laboratory, performance clable in credit-free courses offered	assignments. It does not a receives a "grade" of A to credit, or from credit to credit and the Department registration fee. For all of a older)  by: www.newpaltz.edu/sourses, or courses whered by the institution or in	thers, a fee may be applied. This fee is  student_accounts/tuition/  e class participation of students is of any foreign study program or course.
Approval to allow the above name  Course Instructor  I understand and agree to the co		Department Chair	
Student signature	Date		

**Process:** After submitting this form to Records & Registration <u>recreg@newpaltz.edu</u>, you will be registered as an auditor. All communications will be sent to you, using your email address. Payment for your course is made to <u>Student Accounts.</u>

Veteran Status: Ind	icate if you are one of th	ne following:		
U.S. Veteran (A V	eteran is a person who h	nas served in the U.	S. Armed Forces)	
☐ Military Service M	lember (Active Duty, Res	serve or National G	uard)	
Dependent of a N	Military Service Member	or U.S. Veteran (De	pendent is defined as either spouse or child)	
'	,	,	,	
I am a permanen	t resident of a state or te	erritory of the U.S. o	last twelve months and of other than New York:	
	Student (F-1 or 1-20) ent Dother		sure (B-2) Political Refugee Exchar	nge Visitor (J-1)
Ethnicity: Are you h	<u> </u>		anic/Latino, is your background: <i>select one</i> o Rican	panic/Latino
American Indian o	e indicate your race: <i>sele</i> or Native Alaskan As or Other Pacific Islander		African American	
Emergency Contact	t Information			
Last Name	First	MI	☐ Parent ☐ Guardian	
Apartment, number and	street		Spouse Other	
City/Town				
State Zip Code				
Phone Number				