



# COURSE AUDIT REGISTRATION

## Effective Fall 2017 \$254 fee

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439 • [recreg@newpaltz.edu](mailto:recreg@newpaltz.edu)

Student ID Number (will be assigned) N                      Fall  Spring  Summer 20\_\_\_\_

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
*Last Name* *First Name* *MI* *Date of Birth (required)*

**I am a registered student at New Paltz.** (Please attach a current unofficial transcript.)

**List the Course to be audited below with the number and title. Participation/performance/online courses cannot be audited.**

CRN	COURSE NO.	SEC. NO.	COURSE TITLE	CR	M	T	W	R	F	TIME

**Current Permanent Mailing Address:**

\_\_\_\_\_  
*Apartment, number and street*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State* *Zip Code*

(\_\_\_\_\_) \_\_\_\_\_  
*Telephone Number*

**Current Local Mailing Address:**

\_\_\_\_\_  
*Apartment, dormitory, number and street*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State* *Zip Code*

(\_\_\_\_\_) \_\_\_\_\_  
*Telephone Number*

Email **(REQUIRED)** NOTE: An email will be sent to this address containing your student ID & campus email address where you will receive all future college communications.

**Veteran Status:** Indicate if you are one of the following:

U.S. Veteran (A Veteran is a person who has served in the U.S. Armed Forces)

Military Service Member (Active Duty, Reserve or National Guard)

Dependent of a Military Service Member or U.S. Veteran (Dependent is defined as either spouse or child)

\_\_\_\_\_  
*Student* *Date*

\_\_\_\_\_  
*Instructor* *Date*

\_\_\_\_\_  
*Department Chair* *Date*

\_\_\_\_\_  
*Academic Computing* *Date*

**After obtaining all signatures, this form must be submitted to Records and Registration (Wooster Hall 115).**

## COURSE AUDIT POLICY

(Revised Fall 2017)

Some academic courses may be audited. Registered students at the State University of New York at New Paltz may audit courses without paying a registration fee. For all others, a registration fee of \$254.00 (\$50.00 Audit fee, \$204.00 Technology fee) will be charged. This fee is non-refundable after the first week of classes (see academic calendar for exact dates). Persons who would like to audit a course must obtain an Audit Form from Records and Registration.

### The completed form must have the signatures of:

- The course instructor
- The chair of the department offering the course
- Professional staff member of Academic Computing (Humanities 103)

### Persons 60 Years of Age or Older:

Persons over the age of 60 or older will be exempt from all fees except course fees associated with a few specialty courses that cover cost of materials, travel, and so forth.

### Forms must be submitted to Records & Registration (Wooster Hall 115) with the proper signatures.

The audit privilege permits the auditor to attend a course, providing there is room in the course and the necessary approvals have been granted, and to do assignments, but it does not permit the auditor to take examinations in the course or to have his or her work evaluated in any other way. The auditor receives a "grade" of AU for the course, and no credits are earned.

### Students may not change their enrollment status from audit to credit, or from credit to audit.

Audit privileges are not available in studio, laboratory, performance courses, or courses where class participation of students is of major importance, nor are they available in credit-free courses offered by the institution or in any foreign study program or course.

### Online courses cannot be audited.

### Residence:

- I have been a permanent resident of New York State for the last twelve months and of \_\_\_\_\_ County.  
 I am a permanent resident of a state or territory of the U.S. other than New York: \_\_\_\_\_  
 I am not a U.S. Citizen. My country of citizenship is \_\_\_\_\_

**My Visa type is:**  Student (F-1 or 1-20)  Visitor for Pleasure (B-2)  Political Refugee  Exchange Visitor (J-1)  
 Permanent Resident  Other \_\_\_\_\_

**Ethnicity:** Are you Hispanic/Latino?  yes  no If Hispanic/Latino, is your background: *select one*  
 Central American  Dominican  Mexican  Puerto Rican  South American  Other Hispanic/Latino

All applicants, please indicate your race: *select one or more*

- American Indian or Native Alaskan  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**Gender:**  Male  Female

**Marital Status:**  Single  Married  Separated  Widowed  Divorced

### Who to contact in case of an emergency:

\_\_\_\_\_  
*Last Name First MI*

\_\_\_\_\_  
*Apartment, number and street*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State Zip Code*

\_\_\_\_\_  
*(Area Code) Home telephone number*

\_\_\_\_\_  
*(Area Code) Business telephone number*

- Parent  
 Guardian  
 Spouse  
 Other \_\_\_\_\_

**After obtaining all signatures, this form must be submitted to Records and Registration (Wooster Hall 115).**