

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Email* (\_\_\_\_\_) *Phone Number*

**I am registered at New Paltz**

N									
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 Student ID Number

**Course information:**

**List the Course to be audited below with the number and title.**

Fall  Spring

Summer  Winter 20\_\_

CRN	COURSE NO.	SEC. NO.	COURSE TITLE

**COURSE AUDIT POLICY**

(Revised March 2021)

The audit privilege permits the auditor to attend a course and to do assignments. It does not permit the auditor to take examinations in the course or to have 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.

The student must obtain written approval from both the course instructor and the Department Chair.

Registered New Paltz students may audit courses without paying a registration fee. For all others, a fee may be applied. This fee is non-refundable after the first week of classes.

**REGISTRATION FEE: \$50** (Fee waived for individuals 60 years and older)

**TECHNOLOGY FEE:** Applies to ALL auditors in on-line and hybrid courses. For current fee go to:  
[www.newpaltz.edu/student\\_accounts/tuition/](http://www.newpaltz.edu/student_accounts/tuition/)

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.

**COURSE FEES:** Some courses have associated costs. Please see course description if fee applies.

**Approval to allow the above named student to audit this course**

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

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

**I understand and agree to the course audit policy**

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

**Process:** After submitting this form to Records & Registration [recreg@newpaltz.edu](mailto:recreg@newpaltz.edu), 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 Student Accounts.

(continued)

**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)

**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

**Emergency Contact Information**

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

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

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