COURSE AUDIT FORM

Personal Information

Semester: ____________  Year: _________

Name: ________________________________________________________________

  First            Middle            Last

Personal Email Address: ________________________________________________

Home Phone: ___________________________  Cell Phone: ______________________

Please check one:  I have ☐ previously  ☐ or currently  ☐ or never attended SUNY Maritime College.

Course Audit Request

- An individual may audit a course only with the consent of the instructor.
- Course auditors will not be enrolled nor listed on an official class roster.
- Course auditors will not receive credit or formal recognition for completing the course and cannot subsequently change their status from audit to credit.

I understand the above and request permission to audit the course below:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject/ Number/ Section</th>
<th>Course Title</th>
<th>Instructor Name</th>
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Signature: __________________________________________________________  Date: ___________

Approval

Course requires access to Blackboard:  ☐ Yes  ☐ No

I approve this course audit request.

Instructor Signature: _____________________________________________  Date: ___________

This form must be submitted to the Office of the Registrar.