MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

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:

CRN	Subject/ Number/ Section	Course Title	Instructor Name

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.