OFFICE OF STUDENT ASSISTANCE
AUDIT APPLICATION

STUDENT ID NUMBER
LAST NAME
FIRST NAME
MIDDLE
If this is a new address/phone #, please indicate what you would like to be updated on your record
☐ Address  ☐ Telephone

STUDENT ID NUMBER
LAST NAME
FIRST NAME
MIDDLE
If this is a new address/phone #, please indicate what you would like to be updated on your record
☐ Address  ☐ Telephone

STREET ADDRESS/P.O. BOX
CITY
STATE
ZIP

DAY TELEPHONE NUMBER
EVENING TELEPHONE NUMBER
MOBILE/CELL NUMBER
E-MAIL ADDRESS

*IF YOU HAVE FILED FOR GRADUATION, PLEASE NOTIFY THE DEGREE AUDIT OFFICE OF THESE CHANGES*

Students electing to register on an AUDIT basis pay full tuition and will receive no grade or credit for the course.

Students may enroll in a class on an AUDIT basis, if space permits.

Division:
☐ Undergraduate (01)
☐ Graduate (02)

Home Campus:
☐ New York (1)
☐ Pleasantville (2)
☐ White Plains (3)

Semester:
☐ Fall (70)
☐ Spring (20)
☐ Summer 1(40)
☐ Summer 2 (50)

Year:___________

Graduate students may not AUDIT a degree required course.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Reference Number</th>
<th>Subject</th>
<th>Course Number</th>
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INSTRUCTOR’S NAME: _________________________________________________

I elect the AUDIT option in the above course in accordance with the University policy.

__________________________________________________________
Student’s Signature                                                   Date

PLEASE NOTE: Once you have elected this option it may not be reversed.

FOR OFFICE USE ONLY

☐ UPDATE SFAREGS:

INPUT CLASS _____    UPDATE GRADE MODE TO “A”
REGISTER COURSE USING “AU” INSTEAD OF “RE” REGISTRATION CODE.

______________________________    __________________
OSA ADVISOR                        DATE