The State University of New York at Fredonia Course Audit Application Form

Instructor Will the course auditor need access to OnCourse? Yes No Department Chair Date Student Date Date Date Date Date Date	Semester/Session:		
Email Address:	Fredonia ID (if applicable):		
Email Address:	Name:		
Date of Birth:	Local Address:		
Phone Number: ()	Email Address:		
Have you been convicted of a felony? Yes No Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No LIST THE COURSE TO BE AUDITED BELOW WITH THE NUMBER AND TITLE: CRN/Subject/Course Number/Section (e.g. 30500/ENGL/100/01): Course Title: After securing the appropriate signatures, the Approval from the Director of Extended Learning is required for processing. Instructor Will the course auditor need access to OnCourse? Yes No Department Chair Date Student Date Date: Date: Date: Date:	Date of Birth:	Age:	
Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No LIST THE COURSE TO BE AUDITED BELOW WITH THE NUMBER AND TITLE: CRN/Subject/Course Number/Section (e.g. 30500/ENGL/100/01): Course Title: After securing the appropriate signatures, the Approval from the Director of Extended Learning is required for processing. Instructor Will the course auditor need access to OnCourse? Yes No Department Chair Date Student Date Director's Approval: Date: Date: Date: Date:	Phone Number: ()		
LIST THE COURSE TO BE AUDITED BELOW WITH THE NUMBER AND TITLE: CRN/Subject/Course Number/Section (e.g. 30500/ENGL/100/01): Course Title: After securing the appropriate signatures, the Approval from the Director of Extended Learning is required for processing. Instructor Will the course auditor need access to OnCourse? Yes Date Department Chair Date Date Director's Approval: Date: Date: Date:	Have you been convicted of a felony? Yes	No	
CRN/Subject/Course Number/Section (e.g. 30500/ENGL/100/01):	Have you been dismissed and/or suspended from	a college for disciplinary rea	asons? Yes No
After securing the appropriate signatures, the Approval from the Director of Extended Learning is required for processing. Instructor Will the course auditor need access to OnCourse? Yes Department Chair Date Student Date Director's Approval: Date: Date:			
Instructor Will the course auditor need access to OnCourse? Yes No Department Chair Date Student Date Date Date Date Date Date	Course Title:		
Will the course auditor need access to OnCourse? Yes No Department Chair Date Student Date Director's Approval: Date:	After securing the appropriate signatures, the Appropriate processing.	proval from the Director of E	extended Learning is required
Student Date Director's Approval: Date:	Instructor Will the course auditor need access to OnCourse's		
Director's Approval: Date:	Department Chair	Date	
	Student	Date	
Fee(s):	Director's Approval:	Date:	
	Fee(s):		

Return this form to Extended Learning, 2146 Fenton Hall.

Admission to The State University of New York at Fredonia is based on the qualifications of applicant without regard to an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

The authority to collect personal information is based on Section 355 (2) (h) of the New York Education Law.