

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

Semester/Session: _____

Fredonia ID (if applicable): _____

Name: _____

Local Address: _____

Email Address: _____

Date of Birth: _____ Age: _____

Phone Number: () _____ - _____

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

Date

Will the course auditor need access to OnCourse? Yes No

Department Chair

Date

Student

Date

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.