

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 <input type="checkbox"/> No <input type="checkbox"/>	

_____ 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.

The Course Audit Policy is on the attached page.