

OFFICE OF THE REGISTRAR

155 Elizabeth Blackwell Street Syracuse, New York 13210 Phone: 315-464-4604

Fax: 315-464-8822 email: registrar@upstate.edu

Course Audit Form

Name:				Date:		
Signature:				Student ID #:		
College:	☐ Medicine	\square Health Professions	☐ Nursing	☐ Graduate Studies		
Semester:						
The purpose of the course audit it to provide an opportunity for the student to become acquainted with a subject without the responsibility for completing all of the course requirements. A course audit has no credit value and cannot be used to meet any graduation requirements. It is not recorded on the academic transcript. To audit a course: Pay the \$50.00 course audit fee (if required), and return the completed form to the Registrar's Office.						
Course:		Code ai	nd Description		CRN:	
The follo	wing author	rizations must be ol	btained befo	ore attending class		
COURSE I	NSTRUCTOR A	APPROVAL:				
Name				Signature	Date	
ACADEMIC ADVISOR APPROVAL (DEAN FOR COLLEGE OF GRADUATE STUDIES):						
Name				Signature	Date	

OFFICIAL USE ONLY Received by: Date: Audit Fee: Waived Paid

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