APPLICATION TO AUDIT A COURSE(S)

This completed form **MUST be uploaded** along with a **valid PHOTO ID** to the **Registrar's secure portal**. Printed out forms **WILL NOT** be accepted in person or through email.

CUNYFirst Empl ID:_____

Name: _____
Last Name **First Name**

Semester: ☐ **Spring** ☐ **Summer** ☐ **Fall** ☐ **Winter** **20___**

Course	Number	Section	Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions for Auditing a Course(s):

1. Application to Audit Course(s) **MUST** be submitted at time of registration.
2. Student will be required to pay all tuition and fees associated with course(s).
3. Student will be assigned a grade **"AUD"** for course(s) listed on this application.
4. Student **WILL NOT** receive degree credit.
5. The grade of **"AUD"** **MAY NOT** be rescinded at any time.
6. Student will not receive financial aid for the course(s).

I understand and agree to the conditions listed above regarding auditing the course(s) on this application.

Student Signature **Date**

Office of the Registrar 94-20 Guy R Brewer Blvd Jamaica, NY 11451 (o) 718.262.2145 (f) 718.262.2631 Registrar@york.cuny.edu

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