

Audit/Special Permission Form

Name of Student (Last, First, Middle Initial)	Student ID#: A	Date:
Address: City:	State:	Zip:
Reason for Audit Request		
Semester/Year:	Fall	Winter
	Spring	Summer

Audit of Course: This audit special permission form is for students who do not wish to earn credit or a grade. This form, in addition to a credit registration form, must be completed when requesting to audit a course(s) at Student Services Central at the Middletown or Newburgh campus. Students may, however, change status from audit to credit or vice versa, if they file the audit special permission form by the end of the third week of classes (or its equivalent, see academic calendar for deadlines). Some courses, such as Nursing, are not subject to audit. Instructors are not required to evaluate the work of audit students. Those students who are receiving financial aid should consult with the Financial Aid Office before registering for or changing to audit status. If audited courses are included in 12 credits of course work, a student may become ineligible for TAP and other financial aid programs.

Normal tuition and fees are charged for all audited coursework.

1. You are obligated to pay in full all tuition and fees whether or not you attend classes unless you officially drop classes in accordance with the refund schedule published on the Student Accounts web page <https://sunyorange.edu/studentaccounts/index.html>
2. Some of your financial aid awards may be reduced or cancelled if: (1) You register for courses that are not applicable to your degree requirements or; (2) Change from full-time to part-time status.
3. I understand that if my immunization requirements are not met, I may be dropped from my classes.
4. I am aware of the SUNY Orange course prerequisite/co-requisite policy as outlined in our catalog for each course.
5. I understand that some courses are offered at multiple locations (Middletown, Newburgh, Online, etc.) and my schedule of sections has taken that information into consideration.

Audit Course					
CRN	Subject	Section	Course	Credits	Audit or Credit

I accept financial responsibility for my SUNY Orange bill during the indicated semester. I acknowledge that my tuition and fees must be paid by the due date or I will be assessed a late payment fee. I realize that non-attendance will not relieve my financial responsibility. I have read and understand the SUNY Orange refund policy and NYS residency requirements. I understand that if a college debt is referred to outside sources for collection, I will be responsible for paying additional collection contingency fees. I understand that I will be restricted from registering for additional courses or for future terms and my transcripts and diplomas will be placed on hold.

 Student's Signature

 Date

For Student Services Central Use Only	
_____ Process Date	_____ Initials