



Course Audit Form

STUDENT ADMINISTRATIVE SERVICES

Potsdam Campus: PO Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451
 Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (518) 631-9835

Please return form to SAS once complete

Name _____ Date _____

Clarkson Students, complete this section:

Student ID _____ Major _____

CU Box _____

Clarkson Faculty & Staff, complete this section:

Employee ID _____ Department _____

Clarkson Community Members, complete this section:

Immediate family member of a Clarkson Student Faculty Member Staff Member

Relationship _____ Phone _____

Address _____

By signing below, I understand that courses may only be audited on a space-available basis, that courses involving laboratory activities, group or team work, collaborative learning, international study, or that satisfy the Professional Experience Requirement cannot be audited, and that audited courses are not transcribed, and will not receive any formal recognition of completion. *(Clarkson Regulations, II-F)*

Term, Year *Course* *Instructor's Name*

Requested by:

Signature *Date*

Approved by:

Course Instructor *Date*

Department Chair *Date*