Course Audit Form

Student Achievement Services | Office of the Registrar
Potsdam Campus: Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451
Capital Region Campus: 40 British American Boulevard, Latham, NY 12110 | (518) 631-9832

Please return form to registrar@clarkson.edu once complete

Name _____ Date _____

Clarkson Students, Faculty, Staff- complete this section:

Student/Employee ID _____ Dept _____

All others, please complete this section:

Are you an immediate family member or domestic partner of a current Clarkson faculty/staff member?

◯ Yes ◯ No

If yes, please indicate who: _____

*If you are not an immediate family member of a current faculty or staff member, you may be charged 50% of the current course cost.

By signing below, I understand that courses may only be audited on a space-available basis; and that courses involving laboratory activities, group or team work, collaborative learning, international study, or that satisfy the Professional Experience Requirement cannot be audited.

The course audit policy can be found in the Student Regulations section II-G. In summary:
Undergraduate level courses may be audited by current Clarkson students, faculty, staff, and their families (see Undergraduate Regulations for more details regarding who is eligible to audit undergraduate level courses) without charge. Students will not receive any grade when auditing undergraduate courses, the courses will not appear on the academic transcript, or receive any other formal recognition of course completion. Graduate level courses may be audited on space available basis. Graduate audited courses will be charged at 50% of the course cost (see regulations for exceptions), and the course will be transcribed with an audit grade of "Z", for no credit or quality points.

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

Requested by:

_____ _____
Signature *Date*

Approved by:

_____ _____
Course Instructor *Date*

_____ _____
Course Department Chair *Date*