



# Course Audit Form

STUDENT ADMINISTRATIVE SERVICES

Potsdam Campus: 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, 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 will 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.

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

Requested by:

\_\_\_\_\_  
*Signature*                      *Date*

Approved by:

\_\_\_\_\_  
*Course Instructor*                      *Date*

\_\_\_\_\_  
*Department Chair*                      *Date*