

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, F	aculty, Staff- complete this se	ction:	
Student/Employee II)	Dept	
All others, please co	mplete this section:		
Are you an immediat	te family member or domestic	partner of a current Clarkson faculty/staff membe	r?
If yes, please indicate	e who:		
*If you are not an immed	iate family member of a current fact	lty or staff member, you may be charged 50% of the current of	course cost.
involving laborat		ay only be audited on a space-available basis; and took, collaborative learning, international study, or e audited.	
Undergraduate lev Undergraduate Re Students will not ro transcript, or recei available basis. Gr	gulations for more details regard eceive any grade when auditing t ve any other formal recognition (rent Clarkson students, faculty, staff, and their families (ing who is eligible to audit undergraduate level courses) indergraduate courses, the courses will not appear on the fourse completion. Graduate level courses may be audarged at 50% of the course cost (see regulations for excert, for no credit or quality points.	without charge. ne academic dited on space
Term, Year	Course	Instructor's Name	
Requested by:			
	Signature	 Date	
Approved by:			
	Course Instructor		
	Department Chair		