# GENEESE COMMUNITY COLLEGE REQUEST TO AUDIT FORM

Permission to audit is on a space available basis. This form is to be signed by the instructor and the Associate Dean/Registrar. **Return this form to the Records Office or Campus Center office when completed.** (Note: Senior citizens aged 60 years or older should use the "Senior Citizen Request To Audit Form."

<table>
<thead>
<tr>
<th>NAME (Please print:)</th>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
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</tr>
<tr>
<td>No. Street</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>STUDENT ID OR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SOCIAL SECURITY NUMBER:</td>
<td>DATE OF BIRTH:</td>
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(Use of Social Security number is not required but will facilitate processing of this form. Authority to solicit Social Security Number has been established under Section 355 of the Education Law of the State of New York.)

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**Level of education completed (please check all that apply):**

- ☐ Local high school diploma
- ☐ Regents high school diploma
- ☐ IEP school diploma
- ☐ GED
- ☐ Did not earn a high school diploma
- ☐ 24 or more college credits
- ☐ Other: __________________________ (Please describe or explain.)

*Please note that persons who do not have at least a Regents diploma, local high school diploma, or GED will be required to earn satisfactory scores in College-administered COMPASS tests to determine ability to benefit from participation in Genesee Community College classes. There is no charge to take the COMPASS test.*

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**I wish to AUDIT the following class and receive an AU grade:**

<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>No.</th>
<th>Section</th>
<th>Cr. Hr.</th>
<th>Instructor Approval</th>
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I verify, by my signature below, that all information I have provided regarding my application to audit is accurate and complete, and I understand that errors or omissions of relevant information may void any permission granted by Genesee Community College to audit classes.

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(Auditing student’s signature) ___________________________ (Date)

Changes billable hours from ___________ hours to ________________ hours.

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(Associate Dean/Registrar or other authorized signature) ___________________________ (Date)

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Office use only:  Updated: Init.__________  Date: _______