GENESEE COMMUNITY COLLEGE  
SENIOR CITIZEN REQUEST TO AUDIT FORM

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. Permission to audit is on a space available basis and open to participants who are 60 years of age or older, as determined by proper identification.

<table>
<thead>
<tr>
<th>NAME (Please print:)</th>
<th>First</th>
<th>Last</th>
<th>M.I.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th>No. Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
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<table>
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<tr>
<th>PHONE:</th>
<th>(Where you can be reached if class is cancelled.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STUDENT ID OR SS#:</th>
<th>DATE OF BIRTH:</th>
<th>(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.)</th>
</tr>
</thead>
</table>

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

- □ Local high school diploma
- □ Regents high school diploma
- □ IEP high 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 Accuplacer tests to determine ability to benefit from participation in Genesee Community College classes. There is no charge to take the Accuplacer test.

I would like to request permission to audit __________________________________________ (Course number/title/section) per the State University of New York auditing guidelines for the ___________________ term.

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.

____________________________________   __________________________
(Auditing student’s signature)   (Date)

____________________________________   __________________________
(Associate Dean/Registrar’s signature)   (Date)

INSTRUCTOR MUST SIGN AND CHECK THE APPROPRIATE BOXES (IF NEEDED:)
The above named student has permission to register for my class and will need the following technical services:

- □ Student needs e-mail/network/library access
- □ Student needs WebCT access

____________________________________   __________________________
(Instructor’s signature)   (Date) upd 11/16