**New College of Florida**
**Office of the Registrar**

**Request to Audit a Course Form**

*This form is for use by first-time community auditors only (Florida residents age 60 and over) and should be submitted no later than August 1 for fall semester applicants and January 3 for spring semester applicants.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Male \_\_\_\_ Female (please check one)

Phone Number Date of Birth

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which term are you seeking to enroll: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_\_\_\_\_\_\_\_\_

 Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CoursePreference** | **CRN** | **Course Title** | **Instructor Name** | **Instructor/Provost Initials** |
| 1st Choice |  |  |  |  |
| 2nd Choice |  |  |  |  |
| 3rd Choice |  |  |  |  |

**Emergency Contact**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Address Relationship to you

Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any education institution? \_\_\_\_ Yes \_\_\_\_ No (please check one)

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?
\_\_\_\_ Yes \_\_\_\_ No (please check one)

Classes at New College of Florida are small and classroom space is limited. Auditors may be approved only if there is space available and the instructor approves enrollment in the course.

Auditing privileges may be denied or revoked at any time. The College reserves the right to limit the number of courses audited by any one person, to limit the total number of auditors on campus in a particular term, and to change this policy.

I understand that if approved to audit a course I will not receive credit, a grade, and that no record demonstrating my enrollment in this course (transcript) will be available. I further understand that if I have provided sufficient forms of acceptable legal documentation proving Florida residency and age 60 or over, my fees will be waived pursuant to the applicable Florida statute, 1009.26 – Fee Waivers.

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Electronic Signature Email Address (required)