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

**Returning Community Auditor Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Enrollment Term: Spring Fall Year \_\_\_\_\_\_\_\_\_\_\_\_

Last Term Enrolled at New College of Florida: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preference | CRN | Course Title | Instructor Name | Instructor/Provost Initials |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

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.

Signature Date

**Office of the Registrar**

5800 Bay Shore Road (PMD-115)

Sarasota, FL 34243-2109

Phone: (941) 487-4230 Fax: (941) 487-4478