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 (5-digit number)	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

Please return form to the Office of the Registrar - by mail, in person to Palmer D, or email to: registrar@ncf.edu

Office of the Registrar
5800 Bay Shore Road (PMD-115)
Sarasota, FL 34243-2109
Phone: (941) 487-4230 Fax: (941) 487-4478