YORK College | CUNY The City University of New York

APPLICATION TO AUDIT A COURSE(S)

CUNYfirst: _____

_____   _____
Last Name   First Name

Semester: _____ Spring _____ Summer _____ Fall _____ Winter   20____

Course	Number	Section	Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions for Auditing a Course(s):

1. Application to Audit Course(s) must be submitted at time of registration.
2. Student will be required to pay all tuition and fees associated with course(s).
3. Student will be assigned a grade **"AUD"** for course(s) listed on this application.
4. Student **will not** receive degree credit.
5. The grade of **"AUD"** **may not** be rescinded at any time.
6. Student will not receive financial aid for the course(s).

I understand and agree to the conditions listed above regarding auditing the course(s) on this application.

_____   _____
Student Signature   Date