

Senior Auditor Registration Form

Name	Campus ID #	Spr	
Address	Phone Number (home)	□Fall	
City, State, Zip	(cell)	Sum	
Date of Birth	Email	□Win	
CRN Course Number Title	Instructor Room	Day Time	
Permission of Instructor, if applicable	nte		
Permission of Instructor, if applicable	fees associated with your registration and m	Your registration for courses means you assume responsibility for paying all tuition and fees associated with your registration and meet all requirements of the tuition discount. Unless you drop courses or withdraw from the College by the published deadlines, you are responsible for the charges even if you did not attend a single class. Your acknowledgement below indicates that you understand that College policies, including the Community Standards of Conduct, are located online at purchase.edu/studenthandbook , and the Institutional Response to Alcohol and Other Drugs is available online at	
EMERGENCY CONTACT	deadlines, you are responsible for the charge Your acknowledgement below indicates that		
Name	purchase.edu/studenthandbook, and the Ins Drugs is available online at		
Phone number	purchase.edu/Departments/StudentAffairs/	Policies/drugandalcoholresponse.aspx	
Relationship	Signature	Date	