Purchase College
STATE UNIVERSITY OF NEW YORK

Senior Auditor Registration Form

Name _____ **Campus ID #** _____

Address _____ **Phone Number** (home) _____

City, State, Zip _____ (cell) _____

Date of Birth _____ **Email** _____

☐ Spr.____
☐ Fall ____
☐ Sum. ____
☐ Win.____

CRN	Course Number	Title	Instructor	Room	Day	Time

_____
Permission of Instructor, if applicable *Date*

_____
Permission of Instructor, if applicable *Date*

EMERGENCY CONTACT

_____
Name

_____
Phone number

_____
Relationship

Student Agreement:
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 purchase.edu/Departments/StudentAffairs/Policies/drugandalcoholresponse.aspx

_____
Signature **Date**