

## Older Adult Auditing Program 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* *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](http://purchase.edu/studenthandbook), and the Institutional Response to Alcohol and Other Drugs is available online at [purchase.edu/Departments/StudentAffairs/Policies/drugandalcoholresponse.aspx](http://purchase.edu/Departments/StudentAffairs/Policies/drugandalcoholresponse.aspx)

\_\_\_\_\_  
**Signature** **Date**