

Older Adult Auditing Program Registration Form

Name _____

Campus ID # _____

Spr _____

Address _____

Phone Number _____

Fall _____

City, State, Zip _____

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, and the Institutional Response to Alcohol and Other Drugs is available online at purchase.edu/Departments/StudentAffairs/Policies/drugandalcoholresponse.aspx

Signature **Date**

Email Completed Form to Registrar@Purchase.edu