Purchase College
STATE UNIVERSITY OF NEW YORK

Older Adult Auditing Program Registration Form

Name _____ **Campus ID #** _____

Address _____ **Phone Number** _____

City, State, Zip _____

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:
My registration for course(s) means that I understand that, although tuition is waived for eligible Older Adult Auditing Program participants, I am responsible for paying all applicable fees associated with my registration, including any registration, ID processing, course, lab, or studio fees. I understand I am responsible for any charges on my account, even if I do not attend a class. My acknowledgement below indicates that I have read and agree to comply with College policies, including the Community Standards of Conduct and the OAAP guidelines posted on the College website.

_____
Signature **Date**

Email Completed Form to Registrar@Purchase.edu