Application for Senior Citizen Audit Program
Mohawk Valley Community College
1101 Sherman Drive, Utica, NY 13501 Phone (315) 792-5336 Fax (315) 792-5698

Applicant Last Name	First	MI	ID Number
Course Name		RN	Semester/Year
	en to person SIX		f age or older who are residents of Oneida County. It courses. It does NOT cover student fees, textbooks,
first day of classes to register other evaluations at the option considered when applying the of self-discipline and motivati	An Auditor will of the instructor Standards of Acaron. It is not reco	Il receive a grade r. The audit has demic Progress. ommended for m	rogram must wait until two business days prior to the of "AU" and will not participate in examinations or no effect on the grade point average and will not be Auditing a course requires more than the usual degree atriculated students. Students on academic probation sed to satisfy graduation requirements.
Obtain the signatureSubmit this form to to you.	and write "AUDI of the Dean or A the Office of Rec	Associate/Assista cords and Regist	ents of the Course Selection Form or Drop/Add form. In Dean of the Center offering the course. In the Center offering the course. In the Center offering the course will be returned the Office of Records and Registration along with this
Audit form.			on the first day of class.
I affirm that I am 60 years of a and residence.	ge or older and a	permanent resid	ent of Oneida County. I agree to provide proof of age
Applicant Signature			Date
Dean Signature		Date	
To the Instructor : Auditors v	vill have an "AU	" designation pre	e-printed in the grade column.
		Office Use o	nly
Received by/date		Posted by	//date