

THE COLLEGE AT  
**OLD WESTBURY**  
STATE UNIVERSITY OF NEW YORK

Office of Enrollment Services

P.O. Box 307, Old Westbury, New York 11568-0307 • (516) 876-3073

For Office Use Only:
Record Created Date: _____
Initials _____
Registered as AU Date: _____
Initials _____

### Audit Application

Please complete all appropriate fields on this form. Alumni Audit \_\_\_\_\_ Over Sixty Program \_\_\_\_\_

**For Entry:** Fall Semester 20 \_\_\_\_\_ Spring Semester 20 \_\_\_\_\_ Summer Semester 20 \_\_\_\_\_ Winter Semester 20 \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Permanent Address:** \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code County

**Phone Number:** Type:  Home  Work  Cell ( \_\_\_\_\_ ) \_\_\_\_\_

**Sex:**  Male  Female **E-mail Address:** \_\_\_\_\_

**Are you a US citizen?:**  Yes  No **If No, are you a permanent resident?:**  Yes  No

**Have you been convicted of a felony?**  Yes  No

**Have you ever been dismissed and/or suspended from a college for disciplinary reasons?**  Yes  No

<b>Ethnicity:</b>	<b>If Hispanic/Latino, is your background (select one):</b>
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Central American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	<input type="checkbox"/> Dominican
	<input type="checkbox"/> Puerto Rican
	<input type="checkbox"/> Mexican
	<input type="checkbox"/> South American

This information is requested for recruitment and statistical purposes and is optional. Admission to the State University of New York is based on the qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, disability, handicap, or marital status.

**Course Code:** \_\_\_\_\_  
CRN and Course Number

**Auditor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

STATE UNIVERSITY OF NEWYORK COLLEGE AT OLDWESTBURY  
Audit Program

The Audit Program permits Old Westbury Alumni and persons 60 years of age and over to observe (audit) courses on a space-available, instructor permission basis without the payment of tuition. Participating observers will not receive academic credit for course attended. Course observers/auditors with a college ID card are permitted the use the Library and the Clark Center (gym).

How to Enroll in the Audit Program:

- Submit the application to the Office of Enrollment Services.
- When the application has been processed, it will be returned to you for instructor approval.
- View the course schedule at [www.oldwestbury.edu](http://www.oldwestbury.edu) to choose a course.
- On the first day of class, inform the instructor of the course of your choice that you are requesting permission to audit the course. If the instructor approves, s/he may sign this form.
- Submit the completed form to the Office of the Registrar, where the course to be audited will be added to your record with the registration status of AU.
- After the record of the course to audited is recorded, you may request an ID card and purchase a vehicle registration decal \*\*.

\*\*All students who park on campus are required to register their vehicles. Students can purchase a parking permit through the new on-line Parking Permit System. The cost is \$10.00 for the first vehicle and \$5.00 for each additional vehicle. Go to your my.oldwestbury.edu account, sign in, click on the appropriate Services tab (Employee, Faculty or Student) and apply for your permit via the Banner Self-Service function. All students who fail to register their vehicle/s will be subject to ticketing and may be subject to towing at the owner's expense