# Auditing Student Application

Gettysburg College

## I. Basic Information

I am a (check all that apply):

[ ]  First-time student auditing a course at Gettysburg College

[ ]  Minor, my birthday is       (month, date, year)

[ ]  Student who previously audited a course at Gettysburg

[ ]  Gettysburg College Employee

[ ]  Spouse, Partner, or Dependent of a Gettysburg College Employee- if checked please fill in name and department of the employee:       , and your relationship to the employee:

I am applying for: (check semester box and write in year)

[ ]  Fall semester

[ ]  Spring semester

## II. Personal Information

First Name:       Last Name:

Maiden Name (if applicable)

Home Address

Home Phone       Cell Phone

Email Address

Emergency Contact Name       Phone Number

Relationship to Applicant

## III. Academic Information

Name and location of any colleges or universities you have attended and period of attendance at each:

School City, State Dates Attended Degree Received?

Course(s) audited at Gettysburg College (if applicable)

Course(s) Faculty Semester

1. Why are you interested in auditing a course at Gettysburg College?

2. What types of courses are you interested in auditing?

3. What are your educational goals?

4. Have you ever been dismissed, placed on probation or suspended from any secondary school or college that you attended?

[ ]  Yes [ ]  No

5. Have you ever been convicted of a crime other than a summary offense (trafﬁc violations, etc.) or been found responsible as a juvenile for an act of delinquency?

[ ]  Yes [ ]  No

**If you answered “yes”** to question four or ﬁve, please explain in detail on a separate sheet.

Signature of Applicant:       Date:

## Auditing Student Course Registration Form

### To the Student:

* Please complete this form and sign your name at the bottom.
* Obtain approval from the faculty members of the courses you wish to take (no more than 2 courses per semester).
* Once all signatures or written (email) approval are obtained, bring or email this form to the Admissions Ofﬁce.

Student Name:       Semester:

### To the Instructor:

The above student is interested in auditing your course this semester. He/she has submitted an application to the Admissions Office to audit a course without credit. Students are allowed to audit up to two courses in a given semester. Gettysburg College faculty members reserve the right to determine if it is appropriate to audit their courses. If the student is a minor, faculty are required to obtain additional background check clearances through the Human Resources office.

Course(s):

Semester:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Department | Course # | Days and Time of Class | Faculty Signature | Faculty approval if class is full? Yes/No | Date |
| 1. |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |

Student Signature:       Date:

Admissions Staff Signature       Date: