

If you are sixty years of age or older, you may enroll as an auditor at no cost in a UB course on a space-available basis. Sixty-and-over auditors should not register through the regular registration procedures. Complete the form below and obtain the instructor's signature for the course(s) you wish to audit. Once your registration has been processed, you will receive information on parking, your UB Identification card, and accessing UB's IT systems. Refer to the Electronic Class Schedule to view a listing of classes. For further information, contact the Office of the Registrar at (716) 645-5698.

Sixty and over auditors who wish to receive telecourse materials will be charged telecourse fees. Web-based courses are excluded from the senior audit program. Exceptions will be considered upon request from New York State residents only.

The information collected below will be used to create or update your student record, or to contact you for questions related to your application.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Gender:  Male  
 Female

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

UB Person Number if you have Previously Attended: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Immigration Type if Applicable: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_ Are you a NYS Resident? \_\_\_\_\_

County: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Have you ever been dismissed or prohibited from the programs or properties of a college or university for disciplinary (not academic) reasons?  
 Yes  No

If yes, please describe the circumstances below:

In order to audit graduate level courses, possession of a bachelor's degree (or international equivalent) is generally required. Do you possess a bachelor's degree (or international equivalent?)  Yes  No

What institution and the year the degree was awarded: Institution: \_\_\_\_\_ Year: \_\_\_\_\_

Semester registering for:  Spring 20  Summer 20  Fall 20  Winter 20

Department, Course Number, Section E.g. UGC 111A	Class Number	Credit Hours	Days	Building/Room Number

**Authorization** (\*Please include a copy of photo identification that includes your birth date, such as a drivers license)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note to Instructor: The individual named below wishes to audit classes on a space-available basis under a special program established by the State Legislature and administered at the University at Buffalo by the Office of the Registrar. Auditors age sixty and over are not to be charged tuition or fees, not to receive academic credit, not to be graded, and not required to complete academic requirements. Some courses requiring special, limited facilities, such as labs, may not be open to auditors.

Mail or drop off completed form to: University at Buffalo, Registrar at 1Capen, Capen Hall, Buffalo, NY 14260