

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