Older Adult Audit Program

Instructor Approval Form

New York state law permits residents 60 years or older to audit credit-bearing classes at state-affiliated campuses free of charge. Auditors participate fully in classes, but there is no college credit, nor are any formal records kept of involvement. For more information on the Older Adult Audit Program at Binghamton University, visit our website: https://www.binghamton.edu/harpur/advising/non-degree/older-adult.html

Name:		Date of Birth	:
-	(Please Print)		(mm/dd/yyyy)
Address:			
Phone:	Ema	nil:	
Check all that app	ply: NYS Resident: Volunteer Firefighter	r: Veteran:	BU Retiree:
	pated in the Older Adult Audit Program befor If yes, what is your B-Number :	re?	_
	and BU email address:		
Emergency Cont	act Information		
Name:			
Phone:			
Relationship	to auditor:		
Signature:			Date:
Course Informat	tion		
Term:	□ Fall □ Spring □ Summer □ Winter	Year:	
Subject:	Course Number & Section:	Course Title:	
Instructor:			-
Instructor/Colle	ge Approval		
Public Affairs, Dec	e courses, the instructor's signature is required. F ker School of Nursing, School of Management or T an advising office representative's signature is re	Thomas J. Watson School	
Applied Sciences,			

The above auditor has my permission to audit the class noted above. I will enroll the auditor in Brightspace and understand the auditor will not be listed in any official class listing.