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:	Email:		
Check all that a	pply: NYS Resident: Volunteer Firefighter:	Veteran:	BU Retiree:
	cipated in the Older Adult Audit Program before? o If yes, what is your B-Number :		_
	and BU email address:		
Emergency Cor	ntact Information		
Name:			
Phone:			
Relationsh	ip to auditor:		
Signature:			Date:
Course Inform	ation		
Term:	🗆 Fall 🗆 Spring 🗆 Summer 🗆 Winter	Year:	
Subject:	Course Number ———— & Section: —————	Course Title:	
Instructor:			
Instructor/Col	lege Annroval		-
For Harpur Colle Public Affairs, De	ege courses, the instructor's signature is required. For e ecker School of Nursing, School of Management or The s, an advising office representative's signature is requi	mas J. Watson Scho	
Signature:			Date:
	or has my permission to audit the class noted above. I v auditor will not be listed in any official class listing.	vill enroll the auditor	n Brightspace and