

# Audit Form - Older Adults

[sou.edu/dce](http://sou.edu/dce)

Oregon residents age 65 or older may attend for-credit class free of tuition when space is available and the instructor consents, however **course fees still apply**. Credit for the class will not be recorded, and Incidental Fee services are not provided. **Due to the format of studio art instruction and lab use, auditing studio art courses is not permitted.** See information under *Academic Policies - Auditing*.

To audit a class, fill out the form below and have the instructor sign. You can request instructor approval at the first class session, or by visiting the instructor's office during his/her office hours.

Your Name \_\_\_\_\_  
Last First Middle Former

Permanent Address \_\_\_\_\_  
Number and Street

City State Zip Phone

County \_\_\_\_\_ Email \_\_\_\_\_

Have you previously attended SOU? \_\_\_\_\_ If so, when \_\_\_\_\_

Have you lived in Oregon for the past twelve (12) months? \_\_\_ Yes \_\_\_ No

Do you have a Bachelor's degree? \_\_\_ Yes \_\_\_ No US Citizen? \_\_\_ Yes \_\_\_ No

\_\_\_ Female \_\_\_ Male Date of Birth \_\_\_\_\_

Please indicate your ethnic identity by selecting one of the options below and entering the appropriate code letter in the box to the left. (NOTE: In compliance with federal reporting requirements, SOU must seek to identify the ethnic background of students enrolled. You are encouraged to supply this information, but may decline without prejudicing your application.)

- |                         |                                    |                    |
|-------------------------|------------------------------------|--------------------|
| (W) White, Non-Hispanic | (P) Pacific Islander               | (M) Middle Eastern |
| (B) African American    | (H) Hispanic                       | (N) North African  |
| (A) Asian American      | (I) American Indian/Alaskan Native |                    |
| (D) Decline to respond  |                                    |                    |

Term	CRN	Course Name	Day/Time	Instructor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Instructor Signature for Approval: \_\_\_\_\_

Affirmative Action Statement: SOU is committed to providing equal opportunity in its recruitment, admissions, educational programs, activities, and employment without discrimination.