

STOCKTON UNIVERSITY

OFFICE OF THE REGISTRAR

101 Vera King Farris Drive, CC-203, Galloway, NJ 08205-9441
609-652-4235 (Phone) 609-626-5547 (Fax) registrar@stockton.edu

PERMISSION TO AUDIT COURSE

INSTRUCTIONS: Please Print Clearly.

A student/member of the public may audit a course and receive a grade of "AU" and no academic credit on the transcript. The student is required to pay all tuition and fees normally charged. Complete and submit this form to the Registrar's Office with proof of payment (from the Bursar's Office) before the end of the drop/add period for the term as noted on the academic calendar.

STUDENT ID NO: _____
(Z number, if known)

NAME: _____
LAST FIRST MI

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY CODE (SEE BOX): _____ EMAIL: _____
(PLEASE PRINT CLEARLY)

PERMANENT PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: ____/____/____ GENDER: MALE FEMALE

CITIZENSHIP: US CITIZEN
 PERMANENT RESIDENT
 NON-CITIZEN (VISA TYPE: _____)

ETHNICITY: HISPANIC NON-HISPANIC

RACE: CAUCASIAN/WHITE
 BLACK/AFRICAN-AMERICAN
 ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

COUNTY CODES

001 ATLANTIC	023 MIDDLESEX
003 BERGEN	025 MONMOUTH
005 BURLINGTON	027 MORRIS
007 CAMDEN	029 OCEAN
009 CAPE MAY	031 PASSAIC
011 CUMBERLAND	033 SALEM
013 ESSEX	035 SOMERSET
015 GLOUCESTER	037 SUSSEX
017 HUDSON	039 UNION
019 HUNTERDON	041 WARREN
021 MERCER	099 OUT OF STATE

COURSE INFORMATION:

TERM/YEAR: _____ COURSES TITLE: _____

COURSE NAME AND NUMBER: _____ - _____ CRN: _____
(EXAMPLE: GAH 2215 001) (EXAMPLE: 80127)

INSTRUCTOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____