

MOUNT HOLYOKE.

Application for Auditing

Full Name: _____ Male Female Date of birth (mm/dd/yy): ____/____/____
Family First Middle

Permanent Address: _____ Email address: _____

_____ Home Phone Number: (____) ____ - ____

_____ Cell Phone Number, for emergency notification: (____) ____ - ____

Are you an alumna of the College? Yes No

If not, have you been a student of College in any capacity previously – e.g. a 5College student, an Extension student? Yes No

If either answer is Yes, under what name? _____ And when? _____

If you are an employee or retiree of the College or the qualifying dependent of an employee, you will need to fill out the Employee Course Registration Form and submit that to the HR office.

Only dependents who have been approved by HR need to also fill out this form. Dependent? Yes No

Are you a resident of South Hadley? Yes No Bring proof of residency (driver's license with printed address or photo ID plus utility bill), when you submit this form.

Are you a high school graduate? Yes No

Emergency Contact

Name: _____ Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Address: _____

Semester: Fall Spring Year: 20_____

Course(s) you wish to audit:

Subject/Dept	Course Number	Section Number	Title	Instructor's Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the course is a lower-level language course, a PE, Dance or Studio Art course, please pay the Auditing fee at the Cashier's Office and bring receipt for your payment to submit with this form.

Please sign to affirm that the information submitted here is complete and correct:

Your Signature:_____ Date:_____

Please submit your completed form to the Office of the Registrar, Room 6 Mary Lyon Hall, 50 College Street, South Hadley, MA 01075

Payment by cashier's check and/or official photo identification may be required with this form, depending on the status and course for which you are applying.

The Registrar's staff may be reached by telephone call to (413) 538-2025, or via fax to (413) 538-3003.

If your application to audit is approved by the Registrar's Office, you will be added to the College's Colleague database as an Affiliate

For office use only:

Type of Auditor: Mount Holyoke Alumna Employee Employee Dependent Community Member

Proof of Identity Shown Receipt for Auditing Fee Shown Audit Approved Initials:_____ Date Accepted: _____

Added to Colleague