

Audit Form - Older Adults

sou.edu/dce

Oregon residents age 65 or older may attend for-credit class at no charge ("audit") when space is available and the instructor consents. Credit for the class will not be recorded, and Incidental Fee services are not provided. 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.