RIT | Division of Academic Affairs
Office of the Registrar

Osher Enrollment for Course Audit

Instructions:
Please type or print legibly when completing this form. Refer to sis.rit.edu to view the Schedule of Classes.

Undergraduate level lecture classes, without associated labs or studios, in any college will be open for Osher members to audit as space is available. Matriculated RIT students will have registration priority. The individual faculty member sets the parameters and expectations for participation in the course. Osher members will be expected to pay any specific course fee or supply fee.

This form can be submitted from three weeks prior to the start of the term through the last day of the add/drop period to the Office of the Registrar. Please plan accordingly to acquire the Osher staff signature before submitting.

General Information

Request for Social Security Number

Your social security number is used to report your enrollment to the National Student Clearinghouse and other lenders. It is also used internally to award and disburse federal financial aid, and provide information to the IRS for Federal tax credit reporting.

Today's Date: _____   **Registration Term:** ❑ Fall ❑ Spring ❑ Summer

If we do not have your SSN on file we will contact you, as SSN is a required piece for enrollment. DO NOT ENTER your SSN on this form.

University ID Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Name _____   _____   _____   _____
          First   Middle   Last   Suffix

Prior Name _____   **Gender:** ❑ M ❑ F **Birth Date:** ___ ___/ ___ ___/ ___ ___ ___ ___
                                                                              (mm/dd/yyyy)

Home Address *(RIT mail will be sent to this address)*

Number and Street   _____

City/State/Zip   _____

Province/Postal Code   _____

Country of Origin   _____ State of Permanent Residence ___ ___

NYS State County of Permanent Residence   _____

Contact Phone and E-mail Information

Day _____/_____-_____   Cell _____/_____-_____

E-mail _____
       (used to generate an RIT computer account)

Optional Information

If you wish to be identified with a particular ethnic or racial group, please indicate how you would describe yourself.

Ethnicity
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Race (please select one or more)
❑ Asian
❑ American Indian or Alaska Native
❑ Black or African American
❑ Native Hawaiian or other Pacific Islander
❑ White

Degree and Criminal History Status

1. Do you have a previous degree? If yes, list all degrees earned _____

2. Have you ever been subjected to disciplinary action by any school, college or university or branch of military, or convicted of any state or federal law, excluding minor traffic violations?
   ❑ No ❑ Yes (If yes, please explain _____)

Class Request

Courses with **pre-requisites** require departmental approval and/or advising prior to registration. Please check the pre-requisites and get the instructor's approval then forward it to Osher staff along with this form.

Undergraduate courses that include a laboratory or studio are NOT available for audit. If you need help with filling out your course selection, please contact Osher staff: Osher@rit.edu

Scan and e-mail form to: registrar@rit.edu

Osher members may request to audit up to 2 courses per semester. Use the BU line for a back-up course in case choices 1 and/or 2 aren't available.

	CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	CLASS TITLE
1.	_____	_____	_____	_____	____	_____
2.	_____	_____	_____	_____	____	_____
BU	_____	_____	_____	_____	____	_____

Notice of Responsibility: I hereby accept financial responsibility for all charges (including collection of fees) associated with the above schedule adjustments according to the university refund schedule. I acknowledge that it is my responsibility to familiarize myself with university policy and procedure regarding registration, drop/withdrawal, and refunds. I further understand that dropping/withdrawing below full time status may jeopardize my financial aid eligibility and/or immigration status (for students on F1 or J1 visas).

Student: Sign _____   Date _____

Osher Staff: Sign _____   Date _____