Application for Senior Citizen Audit Program
Mohawk Valley Community College
1101 Sherman Drive, Utica, NY 13501
Phone (315) 792-5336
Fax (315) 792-5698

______________________________________________
_______________________________
Applicant Last Name
First MI
ID Number

______________________________________________
Course Name
CRN
Semester/Year

Senior Citizen Audit Program (SCAP)
This non-tuition program is open to person SIXTY (60) years of age or older who are residents of Oneida County. It may be approved on a space available basis for certain types of courses. It does NOT cover student fees, textbooks, supplies, etc.

Auditing a Course: Those auditing under the Senior Citizen Program must wait until two business days prior to the first day of classes to register. An Auditor will receive a grade of “AU” and will not participate in examinations or other evaluations at the option of the instructor. The audit has no effect on the grade point average and will not be considered when applying the Standards of Academic Progress. Auditing a course requires more than the usual degree of self-discipline and motivation. It is not recommended for matriculated students. Students on academic probation are not eligible to audit courses. Audited courses may not be used to satisfy graduation requirements.

Scheduling an Audited Course
1. Complete this form and write “AUDIT” in the comments of the Course Selection Form or Drop/Add form.
2. Obtain the signature of the Dean or Associate/Assistant Dean of the Center offering the course.
3. Submit this form to the Office of Records and Registration. A validated copy of this form will be returned to you.
4. Complete the Course Selection Form and submit it to the Office of Records and Registration along with this Audit form.
5. Give the validated audit form to the course instructor on the first day of class.

I affirm that I am 60 years of age or older and a permanent resident of Oneida County. I agree to provide proof of age and residence.

______________________________________________
Applicant Signature
Date

______________________________________________
Dean Signature
Date

To the Instructor: Auditors will have an “AU” designation pre-printed in the grade column.

Office Use only

Received by/date_________________  Posted by/date_________________

Senior Audit Form
Revised 8/25/17