

Good As Gold Registration Form

Effective March 2025

PLEASE PRINT CLEARLY - ALL INFORMATION MUST BE COMPLETED FOR PROCESSING:

Name: _____
First MI Last

CougarID Number: _____ Daytime Telephone: (____) _____

Term of Enrollment: Summer 20____ Autumn 20____ Spring 20____

By signing below, I acknowledge that I have read the information stated on the Good As Gold website (csc.edu/services/student-forms/good-as-gold.shtml) and that I accept full financial responsibility for any and all courses registered through the Good as Gold Program.

Student Signature (Required): _____

Date of Student Signature (Required): ____/____/____

Important Program Participation Information:

- Good as Gold students are charged all other fees associated with their course(s) aside from tuition.
- Good as Gold students are only eligible to audit courses and will not receive college credit for these courses. Audited courses are designated with a grade of "R" on the student record and have no GPA value.
- Students cannot enroll in for-credit courses and audit Good as Gold courses in the same term.
- Faculty members are not obligated to spend office hours and/or evaluate coursework for a grade for students auditing a course.
- Registration for Good as Gold courses is open from the first day of the course to the last day to drop the course without a "W"; to check the dates for a specific course, please refer to the corresponding term on the academic calendar at csc.edu/academics/calendar.

Course Name and Section Number

Synonym Number

--	--	--	--	--	--

This course is for audit purposes only.

PLEASE DROP THIS COURSE ☐

Instructor's signature for permission to register (required): _____

Date of Instructor's signature (required): ____/____/____

*This form must be processed within **five** business days of the instructor's signature, **and** by the registration deadline.*

Course Name and Section Number

Synonym Number

--	--	--	--	--	--

This course is for audit purposes only.

PLEASE DROP THIS COURSE ☐

Instructor's signature for permission to register (required): _____

Date of Instructor's signature (required): ____/____/____

*This form must be processed within **five** business days of the instructor's signature, **and** by the registration deadline.*

Course Name and Section Number

Synonym Number

--	--	--	--	--	--

This course is for audit purposes only.

PLEASE DROP THIS COURSE ☐

Instructor's signature for permission to register (required): _____

Date of Instructor's signature (required): ____/____/____

*This form must be processed within **five** business days of the instructor's signature, **and** by the registration deadline.*

FOR OFFICE USE ONLY:

STUDENT IS AGE 60+: ☐ YES ☐ NO STUDENT HAS RESIDED IN OHIO FOR AT LEAST 1 YEAR: ☐ YES ☐ NO

Good As Gold Registration Processed By: _____ Date: ____/____/____