SENIOR CITIZEN APPLICATION AND REGISTRATION FORM

Babson alumni who are 65 years or older (proof of age required) OR Needham or Wellesley senior citizens who are 65 years or older (proof of age and residency required) have the opportunity to audit one course per semester at Babson College at no cost. The course offerings and course information can be accessed via the online Course Listing (https://fusionmx.babson.edu/CourseListing/). Registration under the senior citizen audit policy opens on the first day of classes for the semester. Space must be available in the course. A maximum of two senior citizens may audit the same course at the same time. No credit will be issued for any courses taken through the senior citizen audit policy and a final grade of AU (Audit) will be given. Dropping or withdrawing from a course must be completed either in-person or by emailing registrar@babson.edu by the deadlines listed in the Academic Calendar.

Complete the information below. Submit the completed Senior Citizen Application and Registration Form along with proof of age and residency, if applicable, to the Registrar’s Office in Hollister Hall. Registration must be completed by the last day of add/drop, which is typically six days after classes begin. The add/drop deadline is listed in the Academic Calendar. A Babson network account will be created and sent via email to the personal email address listed below. It must be activated in order to access the course information located on the Blackboard e-learning site.

NAME ___________________________ DATE OF BIRTH ___________________________

TELEPHONE NUMBER ___________________________ EMAIL ADDRESS ___________________________

STREET ADDRESS _______________________________________________________________________

CITY ___________________________________________ STATE ____________ ZIP CODE ________________

*BABSON ALUMNI ONLY*

DATES OF ATTENDANCE ___________________________ PROGRAM (Undergraduate / Graduate) ___________________________

COURSE INFORMATION

YEAR ___________________________ SEMESTER ___________________________ COURSE ID – SECTION ___________________________ COURSE TITLE ___________________________

_____________________________________________________________________________________

SIGNATURE ___________________________ DATE ___________________________

OFFICE OF THE REGISTRAR USE ONLY

Faculty: _______________________________________________ Faculty Notified: ___________________

Processed By: _________________________________________ Date Processed: ___________________