

NON-MATRICULATED FORM

STUDENT NAME: _		D	ATE:	NON-MATRIC MAJOR:			
STUDENT ID NUMBER or SSN:			Have you attended Daemen Before: YES NO				
If yes, are you a □ Al	umni Audit 🗆 Sen	nior Citizen Audi	t or 🗆 Non-Mat	riculated S	tatus		
Are any of the course Learning permission		ted as Service Le	arning courses:	□ YES □ N	IO. IF YES, consult the S	ervice Learning Office fo	or the appropriate Service
TERM: CHECK ONE: FALL INT		□ INTE	ERSEMESTER		□ SPRINGYear	□ SUMMERYear	
CHECK ONE OR Me □ Enroll in a c □ Waive the c □ Instructor's	ORE OF THE FO	oLLOWING AS and/or corequisite	APPROPRIATE		Year questing permission to:	Year	
	DEPT PREFIX	COURSE NUMBER	SECTION		COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE:		NONDER				HOURS	
COURSE:							
COURSE:							
COURSE:							
COURSE:							
Stu	udent's signature	Please sig	-		NATURES ally the required signatu Instructor's signatur		 Date
Department Chair's signature (if applicable) (Required for all Graduate Level course work)			Date		Instructor's signature (if applicable)		Date
Student Success Center			Date				