

PERMISSION TO AUDIT

FALL: _____

SPRING: _____

INTERSEMESTER: _____

SUMMER SESSION: (Circle one 1 2 3)

STUDENT'S NAME _____

ID# _____

DATE: _____

Course No. _____ TITLE _____

SEMESTER HOURS _____

CHECK ONE OF THE FOLLOWING:

ALUMNI (ALUMNI STATUS VERIFIED BY REGISTRAR'S OFFICE)

SENIOR CITIZEN (REGISTRATION & LAB/STUDIO FEES)

DAEMEN EMPLOYEE

OTHER (TUITION & FEES)

DAEMEN STUDENT ENROLLED FULL TIME (LAB/STUDIO FEES)

FOR INSTRUCTORS ONLY:

CHECK ONE OF THE FOLLOWING AND SIGN:

MAY AUDIT WITH THE FOLLOWING STIPUATIONS, IF ANY: _____

MAY NOT AUDIT FOR THE FOLLOWING REASON(S): _____

INSTRUCTOR SIGNATURE: _____

STUDENT SIGNATURE: _____

REGISTRATION STAFF MEMEBER INITIALS: _____ DATE: _____