

PERMISSION TO AUDIT

FALL: _____ SPRING: _____ INTERSEMESTER: _____ SUMMER SESSION: (Circle one 1 2 3)

E _____ 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: _____