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 MEMBER INITALS: _________  DATE: ___________

Office of the Registrar  audit_form  11/14