PERMISSION TO AUDIT

FALL:	SPRING:	INTERSEMESTER:	SUMMER SESSION: (Circle one 1 2 3)	
E			ID#	DATE:
Course No	TITLE			SEMESTER HOURS
	CH	IECK ONE OF THE FOLLOWING:		
ALUMNI (ALUMNI STATUS VERIFIED BY REGISTRAR'S OFFICE) SENIOR CITIZEN (REGISTRATION & LAB/STUDIO FEES)				
DAEMEN EMPLOYEE OTHER (TUITION & FEES)			EES)	
DAEMEN STUDENT ENROLLED FULL TIME (LAB/STUDIO FEES)				
FOR INSTRU	ICTORS ONLY:			
CHECK ONE OF THE FOLLOWING AND SIGN:				
MAY AUDIT WITH THE FOLLOWING STIPUATIONS, IF ANY:				
MAY NOT AUDIT FOR THE FOLLOWING REASON(S):				
INSTRUCTO	D SICNATUDE:			
INSTRUCTO	R SIGNATURE:		-	
STUDENT SIGNATUR	RE:			
	EE MEMEDED INITAL O			
KEGISTRATION STAI	FF MEMEBER INITALS: DATE:			

Office of the Registrar audit_form 11/14