

OFFICE OF THE REGISTRAR



**AUDIT PERMISSION FORM**

Please **print** the following information.

Date: \_\_\_\_\_

Banner ID#: \_\_\_\_\_ -or- Email: \_\_\_\_\_@dickinson.edu

Class Year: \_\_\_\_\_

HUB #: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Fall  Spring Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First M.I.

Course Information:

CRN	Subject	Course #	Section #	Professor

This student has my permission to audit the above referenced course.

Faculty Signature: \_\_\_\_\_

**NOTE TO STUDENT:**

*This course will not be added as an audit until the end of the Add/Drop period.*

**NOTE TO FACULTY:**

*Be aware that signing this form will not replace the seat of a credit-earning student in your course. If it is full, this will over-enroll the course.*

<b>Registrar's Office Use Only</b>
SFAREGS: _____
Date: _____