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:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course #</th>
<th>Section #</th>
<th>Professor</th>
</tr>
</thead>
</table>

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.

Registrar’s Office Use Only

SFAREGS: ______________
Date: ______________