THIRD-YEAR SIT-IN

Instructions:

1. Student will complete this form, get the authorization signature, and then submit this form to the Graduate Administrator by the end of the Add period. Please ask the instructor if they would like you to register as an official audit.

2. Student will distribute form to instructor at the end of semester for the signature and return the form to the Graduate Administrator.

Student: ___________________________  SIS#: ___________________________

Course Mnemonic and Number: __________ Schedule Number: __________

Course Title: ___________________________ Semester: __________

Instructor: ___________________________________________________________________

Mutually agreed terms of sit-in (requirements, etc.):

Authorization to sit-in  Confirmation of completed sit-in
(to be signed at beginning of semester)  (to be signed at end of semester)

Instructor’s signature  Instructor’s signature

Date  Date

Comments: