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 (requirem	ents, etc.):
Authorization to sit-in (to be signed at beginning of semester)	Confirmation of completed sit-in (to be signed at end of semester)
Instructor's signature	Instructor's signature
Date	Date
Comments:	