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: