AUDIT APPROVAL FORM

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: ______________________  Name: _____________________________________________

Class Year: ________  Term: _______________  Year: ________________

Instructor Approval is Required Before Registration Can Be Processed.

TITLE: ________________________________________________________________

CRN #: _________  COURSE: _______________  SECTION #: ______  CREDITS: __________

Approval of Instructor (required): ________________________________  Date: _________________

Signature of Student: ___________________________________________  Date: _________________

Office of the Registrar 2017