

MIDDLESEX COMMUNITY COLLEGE  
RECORDS OFFICE

DECLARATION OF AUDIT STATUS

INSTRUCTIONS

Please fill out this form and return it to the **RECORDS OFFICE**. The Declaration of Audit Status is official **only** when received by the Records Office.

To Be Completed By Student

1. \_\_\_\_\_ @ \_\_\_\_\_  
Last Name First M.I. Social Security Number Banner ID
2. CRN # (Item #) \_\_\_\_\_ Semester:  Fall  Spring  Summer  Intersession Year: \_\_\_\_\_
3. Course Name \_\_\_\_\_  
(ex. Psych. 101L)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

To Be Completed By Instructor

I hereby give my permission to the above named student to audit

\_\_\_\_\_  
Name of Class

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

Date received and processed \_\_\_\_\_

Date entered \_\_\_\_\_