MIDDLESEX COMMUNITY COLLEGE

OFFICE OF ENROLLMENT SERVICES

DECLARATION OF AUDIT STATUS

INSTRUCTIONS

Please fill out this form and return it to the *Office of Enrollment Services*. The Declaration of Audit Status is official *only* when received by the Office of Enrollment Services. *Please Note*: See Website for deadline and policies.

To Be Completed By Student

Student's Name _____   **Banner ID @**_____

Semester: ❏ Fall   ❏ Spring   ❏ Summer   ❏ Intersession   Year: _____

CRN #_____   **Course Name**   _____
                                                                                  (ex. ENG* 101 - Composition)

Student's Signature _____   **Date** _____

To Be Completed By Instructor

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

CRN #_____   **Course Name**   _____
                                                                                  (ex. ENG* 101 - Composition)

Instructor's Signature _____   **Date** _____

OFFICE USE ONLY

Date entered _____