



Sit-In Request

453.10

Instructions: This form is to be used by undergraduate or graduate students who wish to take a course as a sit-in student. Please print and return completed form to the Registrar's office.

Fee: \$185.00 per class

Please Print Clearly

Name: _____

Student ID Number (last 5 digits): _____

Semester: _____

Degree: _____

Course ID	Section	Course Title
<i>Ex. SCI 101</i>	Ex. A	Ex. Biology 1

Required Signatures:

Student:

Signature

Date

Registrar:

Signature

Date

OFFICE USE ONLY

Entered in CAMS: _____ Date: _____

Copy to Student Accounts: _____ Date: _____