OFFICE of the REGISTRAR

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN **AUDITOR'S PERMIT**

	G FALL	□ SPRING	SUMMER	YEAR	TODAY'S DATE		
RINT LAST N	JAME	FIRST NAME	MI		UIN OR SSN*	EMAIL ADDRESS	
FEMALE	☐ MALE	DATE OF BIRTH	I		TELEPHONE NUMBER		
LOCAL A	DDRESS						
e you currer	ntly registered a	at the University of	Illinois at Urbana-O	Champaign?	Yes No		
ave you prev	iously attended	d the University of I	llinois at Urbana-C	Champaign?	YES NO IF YES, W	WHEN?	
you have not	t attended a Ur	iversity of Illinois	campus, please ans	wer the citi	zenship questions below:		
		d States? YES		ort			
		sident alien (PR)? Y your Permanent Re			If not a PR, do you hold If yes, please attach a cop		
Auditors <u>Auditors</u> <u>and subn</u>	are not permi are permitted nitted to the ap	tted in laboratory, 1 only if space is ava	nilitary, kinesiolo 11. <i>ilable. This form is</i>	gy (other th <u>s to be prese</u>	s not a participant in any j an theory), or studio class nted to the instructor at th ion, (7 th day of instruction	es. 1 <u>e first class meeting</u>	
CI	RN	SUBJECT & NUMBE	R SECTION	N INSTRU	JCTOR'S SIGNATURE [‡]	PRINTED NAME	
nstructor sigr	nature confirms	s student will not pa	articipate in class ac	ctivities.			
Signatur	e of Dean of C	ollege (Graduate C	ollege for Graduat	te Students)	Printed N	Jame	

*A Social Security number is <u>not required</u> but providing it will expedite the processing of this permit. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any Social Security number without consent for any purpose except as allowed by law and University policy (see <u>www.ssn.uillinois.edu</u>).

COLLEGE OFFICE SUBMITS APPROVED FORM TO: OFFICE OF THE REGISTRAR, RECORDS SERVICE CENTER, ADMISSIONS AND RECORDS BUILDING, 901 WEST ILLINOIS STREET, SUITE 140, URBANA, IL. 61801

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DATE PROCESSED _____ PROCESSED BY _____ FEE _____ COMMENTS ___