AUDIT APPROVAL FORM

(Please print legibly)

Skidmore ID#: _____ Name: _____

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: _____

Offic