

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 _____