

FALL

SPRING

SUMMER

YEAR

TODAY'S DATE

PRINT LAST NAME

FIRST NAME

MI

UIN

FEMALE

MALE

DATE OF BIRTH

SSN*

LOCAL ADDRESS: _____

Are you currently registered at the University of Illinois at Urbana-Champaign?

YES

NO

Have you previously attended the University of Illinois at Urbana-Champaign?

YES

If yes, when?

NO

Note: An "auditor" is only a listener in the classes attended; he or she is not a participant in any part of the exercises.

Auditors are not permitted in laboratory, military, kinesiology (other than theory), or studio classes.

Refer to the Student Code, Section 3-305

CRN	SUBJECT & NUMBER	SECTION	INSTRUCTOR'S SIGNATURE

Signature of Dean of College (Graduate College for Graduate Students)

**A Social Security number is not required 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 www.ssn.uillinois.edu).*

SUBMIT COMPLETED FORM TO: OFFICE OF THE REGISTRAR, RECORDS SERVICE CENTER, ADMISSIONS AND RECORDS BUILDING, 901 WEST ILLINOIS STREET, URBANA

FOR OFFICE OF THE REGISTRAR USE ONLY

Date processed _____

Fee _____

Processor _____

Comments _____