NON-MATRICULATED FORM

Office of the Registrar
DS 120

STUDENT NAME: ______________________________ DATE: ___________ NON-MATRIC MAJOR: ______________________________

STUDENT ID NUMBER or SSN: ____________________ Have you attended Daemen Before: □ **YES** □ **NO**

If yes, are you a □ Alumni Audit □ Senior Citizen Audit or □ Non-Matriculated Status

Are any of the courses selected designated as Service Learning courses: □ YES □ NO. IF YES, consult the Service Learning Office for the appropriate Service Learning permission form.

TERM: CHECK ONE: □ **FALL** ________ □ **INTERSEMESTER** ________ □ **SPRING** ________ □ **SUMMER** ________
Year Year Year Year

CHECK ONE OR MORE OF THE FOLLOWING AS APPROPRIATE: I am requesting permission to:

‘ (Q U R O closed course
‘ Waive the course prerequisite and/or corequisite
‘ , Q V W U X F W R U ¶ V S H U P L V V L R Q L V U H T X L U H G
‘ 2 W K H U 3 O H D V H H [S O D L Q B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

	DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE:						
COURSE:						
COURSE:						
COURSE:						
COURSE:						

REQUIRED SIGNATURES

Please sign the form and secure only the required signature(s)

______________________________ Student's signature ________ Date

______________________________ Instructor's signature (if applicable) ________ Date

______________________________ Department Chair's signature (if applicable) (Required for all Graduate Level course work) ________ Date

______________________________ Instructor's signature (if applicable) ________ Date

______________________________ Student Success Center ________ Date