

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN AUDITOR'S PERMIT

	☐ FALL	☐ SPRING	☐ SUMMER	YEAR	TODAY'S DATE	
PRINT LAST N	AME	FIRST NAME	MI		UIN OR SSN*	EMAIL ADDRESS
☐ FEMALE ☐ MALE DATE OF BIRTH				TELEPHONE NUMBER		
LOCAL A	DDRESS					
Are you curren	tly registered a	at the University of	Illinois at Urbana-G	Champaign?	YES NO	
Have you previ	ously attended	I the University of	Illinois at Urbana-C	Champaign?	YES NO I	F YES, WHEN?
If you have not	attended a Un	iversity of Illinois	campus, please ans	wer the citi	zenship questions be	elow:
		d States? YES□ your voter's registr	NO□ ation card or passp	ort		
		sident alien (PR)? your Permanent Re				hold a visa? YES NO No ha copy of your visa
<u>Auditors</u> and subm	are permitted of the ap	only if space is ava	ilable. This form is	s to be prese		o classes. or at the first class meeting action for summer term).
CR	N	SUBJECT & NUMBE	ER SECTION	n Instru	uctor's Signaturi	E [‡] PRINTED NAME
‡Instructor sign	ature confirms	student will not p	articipate in class ac	ctivities.		
Signature	e of Dean of C	ollege (Graduate C	College for Graduat	te Students)	Pri	nted Name
ensuring the priv	acy and confider	<u>required</u> but provid tiality of student rec plicy (see <u>www.ssn.u</u>	ords and will not dis	he processing close any Soc	of this permit. The visial Security number w	University has a strong commitment to ithout consent for any purpose except as
COLLEGE OFFICE 901 WEST ILLING	SUBMITS APPRODIS STREET, SUI	OVED FORM TO: OFF TE 140, URBANA, IL.	ICE OF THE REGISTRA 61801	AR, RECORDS	SERVICE CENTER, AD	MISSIONS AND RECORDS BUILDING,
FOR OFFICE OF T	HE REGISTRAR I	JSE ONLY				
DATE PROCESSED_		_ PROCESSED BY	FEE	CO1	MMENTS	