



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 C O U R S E)

' Waive the course prerequisite and/or corequisite

' , Q V W U X F W R U T 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

	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		