

**Enrollment Audit**

Name: \_\_\_\_\_  
Last: \_\_\_\_\_ First: \_\_\_\_\_

UMID: \_\_\_\_\_ Uniname: \_\_\_\_\_

Unit: \_\_\_\_\_

Level: \_\_\_\_\_

Term: \_\_\_\_\_

**Independent Study/Permission to Enroll**

CRN	Subject	Section	Credits	Enroll Term	Instructor Code
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Authorized Signature: \_\_\_\_\_

**Permission to Enroll - 10 C. 11.11**

# of Credits Approved \_\_\_\_\_