



Return to:
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OSU Audit Registration Form

Term _____ **This form cannot be processed without the required signature.**

Name: _____ OSU ID #: _____
Last First Middle Initial

CRN _____ Subject _____ Course Number _____ Credits _____
 Lecture

CRN _____
 Lab

CRN _____
 Recitation

CRN _____
 Studio

Instructor Approval _____ Date _____

Dean or Head Advisor Approval _____ Date _____
Undergraduate Students Only

■ Audit registration is only allowable during the second full week of the term (AR 30).
 For dates, see Academic Calendar at <http://calendar.oregonstate.edu/osu+osu-academic/>