



Oregon State
University

Return to:

Office of the Registrar

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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 <https://registrar.oregonstate.edu/osu-academic-calendar>