



**Oregon State
University**

Return to:
Office of the Registrar
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P 541-737-4331 | F 541-737-8123 | registrars@oregonstate.edu | oregonstate.edu

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>