

**OAKLAND UNIVERSITY  
CLASS AUDIT APPLICATION FORM**

Please  
print:

\_\_\_\_\_

last name

first name

m.i.

student number

Class to be audited:

\_\_\_\_\_

subject

course #

CRN

credits

semester

In signing this authorization I certify that I am familiar with the university regulations governing an audited class as well as those conditions that may be set by the instructor and I agree to abide by these conditions. I understand that after the first two weeks of the semester (the first week of a session), I may not change this registration from audit to credit.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Registrar's Office signature

\_\_\_\_\_  
date

Student must register with this form at the Office of the Registrar during the first two weeks of a semester (the first week of a session).

**White** - Registrar copy  
**Canary** - Student copy  
**Pink** - Department copy