



REQUEST TO AUDIT A COURSE

Academic Regulation 5.11: A student who does not wish to receive credit in a course may enroll as an auditor, provided space is available and the student obtains approval from the instructor of the course and his or her advisor.

Initial enrollment in a course as an auditor may be completed only between the first and the tenth class day (inclusive) of a 16-week semester and propoportionate periods for shorter sessions.

Audited courses appear on a student's official transcript with an indication that the course was an audit enrollment. An "AU" appears where the grade would normally appear.

Audit enrollments follow the same resident and non-resident tuition and fee policies as credit enrollments. Late enrollment fees are waived for audit enrollments.

Last Name First Name Middle Name

Student ID (or social security number) Phone Number Preferred email address (if no OSU email address is available)

Current Address City State Postal Code

Dates of residence at current address: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
month year month year

Age 65 or older? [ ] Yes [ ] No If yes, please attach a copy of your driver's license.

Retired OSU Faculty/Staff? [ ] Yes [ ] No

Semester: [ ] Fall [ ] Spring [ ] Summer Year: \_\_\_\_\_

Are you currently enrolled as a student at OSU this semester? [ ] Yes [ ] No If no, please complete page 2 of this form.

I am requesting to (select one):

- [ ] Enroll as an auditor in the course(s) below (between the first class day and the restricted drop/add deadline):
[ ] Switch from audit to credit for the course(s) below (between the first class day and the restricted drop/add deadline):
[ ] Switch from credit to audit for the course(s) below (between the first class day and the last day to drop the course with an automatic grade of "W"):

Table with 5 columns: CRN/Call #, Course Prefix, Course Number, # Credit Hours, Instructor Signature and Date

By signing this form I verify that I will not petition for the privilege of obtaining credit as a result of my visiting the course, that I will be responsible for the full amount of tuition and fees for the course, and that I will abide by the policies of the University and the Student Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR REGISTRAR'S OFFICE USE ONLY
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_
Hours Audited: \_\_\_\_\_ Hours Enrolled: \_\_\_\_\_ Over 65/Retired: \_\_\_\_\_ Amount Billed for Audit: \_\_\_\_\_



# REQUEST TO AUDIT A COURSE

ONLY for auditors who are not otherwise enrolled at OSU. Students who are already enrolled for credit at OSU do not need to complete this page.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (mm/dd/yr) \_\_\_\_\_ Place of Birth (town, state, country) \_\_\_\_\_ Gender:  Male  Female

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date of Residence: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year month year

High School Name: \_\_\_\_\_ High School State: \_\_\_\_\_

Date Attended: From \_\_\_\_\_ to \_\_\_\_\_

Last three higher education institutions attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, country of citizenship: \_\_\_\_\_  
If no, do you have a permanent resident alien status?  Yes  No  
If no, do you currently hold non-immigrant status?  Yes  No  
If yes, indicate VISA type \_\_\_\_\_

Are you an Oklahoma resident?  Yes  No  
If yes, list the Oklahoma county: \_\_\_\_\_

If no, list state of residence: \_\_\_\_\_

Are you on active military duty, or a dependent, assigned to the state of Oklahoma?  Yes  No

Have you ever been suspended or expelled from any college or university as a result of a **non-academic issue**?  Yes  No

Do any of the following statements apply to you?  
- I have a pending felony charge(s).  Yes  No  
- I have been convicted, plead guilty, plead no contest, or accepted a deferred judgment to a criminal felony charge(s).  Yes  No  
- I am required to register my name and home address with a local or state law enforcement agency.  Yes  No