REGISTRATION REQUEST FOR A RECORDED AUDIT

OFFICE OF THE REGISTRAR

T# Name:			Date:	
Which semester and year are you requesting a recorded audit?				
Fall	Spring Si	ummer	_	
Audit Policies a	nd Instructions			
 Normal deadlines apply for auditing requests; the add/drop deadline for semester and module courses applies to registering for audit. 				
Certain course audit to certain		diting: the College res	serves the right to limit registration for	
The instructor's signature is required for each audit.				
Only two courses may be audited. Check here if this is your second audit				
	•		unt through the office of Student nd course. The audit fee is non-	
Subject:	Course #:	CRN:	Credits:	
Title:				
Instructor Signa	nture:			
Subject:	Course #:	CRN:	Credits:	
Title:				
Instructor Signa	iture:			

If unable to apply pen to paper signature on this form, please collect email approval from your instructor. Then, create one email and attach instructor email and this completed form. Send to registrar@oberlin.edu.