

AUDITOR Registration Form

Return to:

Office of the Registrar
registrar@uoregon.edu

Important Information

Departmental approval is required to register/add or change to audit which is provided by a department stamp. Tuition and fees for auditors are billed at the same rate as regular registrations/adds and are recorded on a student's academic record with a mark of "AU". Audited classes do not satisfy degree requirements or meet the continuous enrollment requirement of the graduate school.

Audit registrations/adds OR changes in class registration from CREDIT to AUDIT may be made beginning on the first day of classes through the add deadline, as shown on the online class schedule: <http://classes.uoregon.edu/>.

Name: _____ Student ID: _____
Last First Middle

Address: _____
Street City State Zip

Email: _____ Phone: () _____

Previous Name(s): _____ Date of Birth:
Month Day Year

Are you a University of Oregon Employee? Yes No

Are you a U.S. citizen? Yes No If no, are you a resident alien? Yes No

Gender: Male Female Other Are you Hispanic or Latino? Yes No

What is your race? (Choose one or more):

- American Indian or Alaskan Native Asian Native Hawaiian and Other Pacific Islander
 Black or African American White

How long have you resided in Oregon? Years: _____ Months: _____

Have you previously attended the University of Oregon? Yes No

If yes, last year and term of enrollment: _____ / _____
Year Term

Highest college degree received: No Degree Bachelors
 Masters Doctoral

Institution where degree awarded: _____

Date Degree awarded: _____

Social Security Number Disclosure

You are requested to provide voluntarily your social security number to assist the Oregon University System (OUS) in developing, validating, or administering predictive tests and assessments, administering student aid programs, improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. When conducting studies OUS will disclose your social security number only in a manner that does not permit personal identification of you by individuals other than representatives of OUS (or the organization conducting the study for OUS) and only if the information is destroyed when no longer needed for purposes for which the study was conducted. By providing your social security number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 351.085. Provision of your social security number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, privilege provided by law. You may revoke your consent for the use of your social security number at any time by writing to: Office of the Registrar, 5257 University of Oregon, Eugene, OR 97403-5257.

Consent Statement

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. Further, I understand that enrollment at University of Oregon may be denied if any information is found to be incomplete or inaccurate.

Signature (in ink): _____ Date: _____

Course Enrollment Request

Add	Change	CRN	Subject	Course Number	# of Credits	Course Title	Department Stamp
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

***IMPORTANT: You must return this form to the Office of the Registrar after receiving departmental approvals. Students may not attend any UO course for which they are not registered for credit, or as an auditor.**

OFFICE USE ONLY

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Comments:

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Rate Code: _____ Processed by: _____ Date: _____