

**UNIVERSITY OF OREGON  
DEPARTMENT OF ENGLISH  
INSTRUCTOR PERMISSION TO AUDIT COURSE**

**Students:** This form must accompany the Office of the Registrar's Auditor Registration Form, and have instructor signature, before the English Department can stamp your Auditor Registration Form.

**Instructors:** Please sign this form, in addition to the Office of the Registrar's Auditor Registration Form, if you agree to have this student audit your course.

**TERM:**      Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **UO ID:** \_\_\_\_\_  
*Please Print      Last Name                      First Name*

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUB:** \_\_\_\_\_ **COURSE #:** \_\_\_\_\_ **CRN:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**INSTRUCTOR (Print):** \_\_\_\_\_

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUB:** \_\_\_\_\_ **COURSE #:** \_\_\_\_\_ **CRN:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**INSTRUCTOR (Print):** \_\_\_\_\_

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUB:** \_\_\_\_\_ **COURSE #:** \_\_\_\_\_ **CRN:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**INSTRUCTOR (Print):** \_\_\_\_\_

**INSTRUCTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_