



OFFICE OF THE REGISTRAR
The UNIVERSITY of OKLAHOMA

SENIOR CITIZEN AUDIT FORM

Institutions of the State System are authorized by the Oklahoma State Regents for Higher Education to waive the fees for residents of Oklahoma sixty-five (65) years of age or older for auditing of academic courses, contingent upon space being available in those classrooms and laboratories housing such courses. Procedures including appropriate limitation as to the number of courses to be audited in a given term shall be determined by the institutions.

At the first meeting of a course, any senior citizen who desires to audit a course must obtain permission from the faculty member teaching the course. The faculty member must sign this form in the space designated below to indicate approval to audit the course, and the form must be returned to Enrollment Services either via email to enroll@ou.edu or in person to Buchanan Hall, Room 230, at 1000 Asp Avenue, Norman, OK, 73019-4076.

STUDENT INFORMATION

Semester to Audit: Year to Audit:

Have You Ever Attended OU Before? Yes - Year(s) Attended: No

Last Institution of Higher Education Attended Other than OU:

Full Name (Last, First, Middle):

Student ID Number (If Attended OU Previously): Phone Number:

Address:

Date of Birth: Gender:

CITIZENSHIP INFORMATION: Please check the appropriate box

U.S. Citizen U.S. Permanent Resident Non-U.S. Citizen

Country of Birth: Country of Citizenship (If Not U.S.):

The following information is voluntary and is requested for reporting purposes only in accordance with the 1968 Civil Rights Act as amended (U.S. citizens only). Which group(s) best describes you?

White Black or African American Asian Native Hawaiian or Other Pacific Islander

Hispanic American Indian or Alaskan Native - Indicate Tribe of Enrollment:

Emergency Contact Name:

Emergency Contact Address:

Emergency Contact Phone Number:

## COURSE INFORMATION

Enter information for each course you plan to audit and obtain the instructor's approval.

### Course 1

Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

### Course 2

Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

### Course 3

Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

## STUDENT SIGNATURE

By signing below, I certify that the information provided is true and correct. I understand that my form will not be processed without the instructor's signature for the course I wish to audit.

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