**UNIVERSITY OF OREGON**  
**FOLKLORE AND PUBLIC CULTURE PROGRAM**  
**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 Folklore and Public Culture Program 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.

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**TERM:**  
Fall _____ Winter _____ Spring _____ Summer _____

**STUDENT NAME:** ___________________________  
UO ID: __________________  
Please Print Last Name First Name

**STUDENT SIGNATURE:** ___________________________ DATE: ________________

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**SUB: _____ COURSE #: _____________ CRN: _____________**

**TITLE:** ______________________________________________________________________________________

**INSTRUCTOR** (Print): ______________________________________________________________

**INSTRUCTOR SIGNATURE:** ___________________________ DATE: ________________

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**SUB: _____ COURSE #: _____________ CRN: _____________**

**TITLE:** ______________________________________________________________________________________

**INSTRUCTOR** (Print): ______________________________________________________________

**INSTRUCTOR SIGNATURE:** ___________________________ DATE: ________________

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**SUB: _____ COURSE #: _____________ CRN: _____________**

**TITLE:** ______________________________________________________________________________________

**INSTRUCTOR** (Print): ______________________________________________________________

**INSTRUCTOR SIGNATURE:** ___________________________ DATE: ________________