



Office of the Registrar
 North Foundation Hall, Room 106
 318 Meadow Brook Road
 Rochester MI 48309-4482

COMPETENCY EXAMINATION AUTHORIZATION FORM

Last Name _____ First Name _____ GID _____

is permitted to register in:

Course	CRN	Credits
Term	Year	

for the purpose of taking a competency examination during the above indicated semester. We understand that this examination must be completed within the first six (6) weeks of this term and that the final grade for this course must be either "S" (Satisfactory) or "U" (Unsatisfactory).

Student Signature _____ Date _____

Signature of Department Chair, Dean or Program Director _____ Date _____

Registration for competency examination must be completed through the Office of the Registrar during the registration period for the term in which the exam will be taken. The student must register for the above course, submitting this authorization at the time of registration. Information regarding registration and tuition rates for competency examination courses may be found in the Schedule of Classes and at oakland.edu.

**FOR
 REGISTRAR
 OFFICE
 USE ONLY**

The above student has been registered in the above course and must take the competency examination in this course before _____ (date).

Processed by _____

Office of the Registrar staff _____

XC: Academic department and student