Last name      First name     Golden Grizzly number

is permitted to register in ___________________________P, ___________________________(CRN), for ____________credits
for the purpose of taking a competency examination during the ________________ 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).

Signature ____________________________________________________________________________ Date _________________

Department Chair, Dean or Program Director signature ____________________________________ 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.

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