

CARE
CENTER FOR THE ARTS,
RELIGION & EDUCATION
AN AFFILIATE OF THE GRADUATE THEOLOGICAL UNION



REGISTRATION FORM FOR COMMUNITY AUDITORS

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOMEPHONE: _____ CELLPHONE: _____ EMAIL: _____

COURSE INFORMATION:

COURSE #	TITLE	PROFESSOR'S SIGNATURE

*AUDITORS MUST OBTAIN THE PROFESSOR'S PERMISSION AND ARE EXPECTED TO COMPLETE ALL CLASS ASSIGNMENTS AS REQUIRED BY THE PROFESSOR.

*SCHOLARSHIPS ARE AVAILABLE, FOR MORE INFORMATION PLEASE CONTACT THE CARE OFFICE.

PLEASE RETURN THE COMPLETED FORM AND YOUR CHECK FOR \$150.00 MADE OUT TO THE CENTER FOR THE ARTS, RELIGION, AND EDUCATION

CENTER FOR THE ARTS, RELIGION AND EDUCATION
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