COMMUNITY EDUCATION AUDIT APPLICATION FORM
FALL & SPRING SEMESTERS ONLY

Name: _____
First Last

Address: _____
Street City/Town Zip Code

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Are you an au pair?: _____ If yes, what is your level of proficiency with the English language? _____

Host Family Name and Phone number: _____

•First Course:

Department Name & Course Number_____ Course Title_____

Professor's Name_____ Meeting Times & Days_____

Any Previous Study Related to this Course/Reason for Interest: _____

_____

•Second Course:

Department Name & Course Number_____ Course Title_____

Professor's Name_____ Meeting Times & Days_____

Any Previous Study Related to this Course/Reason for Interest: _____

_____

•Alternate Course:

Department Name & Course Number_____ Course Title_____

Professor's Name_____ Meeting Times & Days_____

Any Previous Study Related to this Course/Reason for Interest: _____

_____

Community Education Audit: $295/course

A $20 late fee will be charged to registrations received after August 10th

METHOD OF PAYMENT (please circle):

Total Amount Paid $_____

Check Enclosed : (*made payable to Drew University)* *Check #*_____

Charge my: Visa MasterCard American Express

Card No.: _____ Exp. Date: _____ Card Holders Phone: _____

Cardholder's Name (please print): _____ Signature: _____