

**CASE WESTERN RESERVE UNIVERSITY
ALUMNI/SENIOR AUDIT
COURSE SELECTION FORM**

Last Name: _____ First Name: _____ ID#/SSN _____

Permanent Address (Street): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Alumnus/a? Yes _____ No _____

If yes, year(s) of attendance or graduation _____

ENROLLMENT TERM: Fall 200 _____ Spring 200 _____ Summer 200 _____

NUMBER OF COURSES IN WHICH YOU WOULD LIKE TO ENROLL: _____

Do you have a disability that requires special accommodation? _____

IF YES, PLEASE
EXPLAIN: _____

Please list courses in order of preference:

CRN	SUBJECT	CR HRS	DAYS	TIMES	INSTRUCTOR
<i>E1021</i>	<i>ECON 102</i>	<i>3.0</i>	<i>MTWRF</i>	<i>8:30-9:30 a.m.</i>	<i>R. Smith</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed for the CWRU Medical Plan during the fall and spring semesters unless I complete a waiver form within 30 days of the first day of class. I may obtain this form from the University Health Service.

I understand that this program is available to those not enrolled in a degree program at Case Western Reserve University and that the cost is ten percent of the regular tuition. Furthermore, I understand that alumni/senior audit students receive no grade nor do they receive academic and/or degree credit nor may they enroll in the same course for credit at any time in the future.

STUDENT SIGNATURE

DATE