

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

I agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed for the Case Medical Plan during the fall and spring semesters unless I complete a waiver form by the deadline posted each semester. I may complete the waiver online or 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. I understand that I may only take one course per semester and only with the professor's consent. Furthermore, I understand that postgraduate audit students receive no grade, nor do they receive academic and/or degree credit, nor may they apply this class towards a degree, nor may they enroll in the same course for credit at any time in the future.

I hereby certify that the information I have provided on this form is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial of admission or dismissal from the postgraduate audit program.

PLEASE PRINT NAME: _____ **ID:** _____

STUDENT'S SIGNATURE **DATE**

PROFESSOR'S SIGNATURE **DATE**
(Students enrolling for Postgraduate Audit may only receive a grade of "SA")

DEAN'S (GRADUATE STUDIES) SIGNATURE **DATE**

Please take this form to the Registrar's Office (Yost 110) to complete your registration.
 All forms must be processed within one week of approval date.

FOR OFFICE USE

SNAK: ETRM: 071(Fall 06) 072(Spring 07) 073(Summer 07) **Type:**5 **RES:**L **CMP:**1 **COL:**G **SQAP:** ACAD-STAT:SA **STAT-DT:** MO/YR