



<b>SUBJECT</b>	<b>COURSE#</b>	<b>CR HRS</b>	<b>DAYS</b>	<b>TIMES</b>	<b>INSTRUCTOR</b>
CRSP	402	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**  
(Students enrolling for Postgraduate Audit may only receive a grade of "SA")

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEAN'S (GRADUATE STUDIES) SIGNATURE**

\_\_\_\_\_  
**DATE**