

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 OUTLINED IN THE SYLLABUS.

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
 2400 RIDGE ROAD
 BERKELEY, CA- 94709