

CASE WESTERN RESERVE UNIVERSITY
COURSE AUDIT PROGRAM FOR SENIOR CITIZENS (CAPSC) COURSE SELECTION FORM

Last Name: _____ First Name: _____ ID#: _____
(*for existing students)

Permanent Address: (Street) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Enrollment Term: Fall 20____ Spring 20____ Summer 20____

Number of courses in which you would like to enroll: _____

Do you have a disability that requires special accommodation? _____

If Yes, please explain: _____

Course No.	Subject	Credit Hours	Days	Times	Instructor
6238	PHIL 101	3.0	MTWRF	10:00-11:15 a.m.	Staff

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 Services or log on to my SIS account.

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 \$40.00 per credit hour. Furthermore, I understand that CAPSC students receive no grade nor do they receive academic and/or degree credit not may they enroll in the same course for credit at any time in the future.

STUDENT SIGNATURE

DATE