

UNIVERSITY OF DENVER
 SENIOR AUDIT PROGRAM
 REGISTRATION FORM

NAME: Mr. Mrs. Ms. _____

ADDRESS: Street _____

City _____ State _____ Zip _____

TELEPHONE: _____ YEAR 20__

Autumn ___

Winter ___

Spring ___

DATE OF BIRTH: Month _____ Day _____ Year _____ Summer ___

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____

TELEPHONE: _____

Have you ever attended the University of Denver? Yes ___ No ___

Do you have an undergraduate degree? Yes ___ No ___

From _____ Year Received _____

Do you have any family member who attended DU? Yes ___ No ___

Who _____ Relationship _____ When attended ___ Degree Received _____

COURSES

DEPT/COURSE#	TITLE	DAY/TIME	PROFESSOR
DEPT/COURSE#	TITLE	DAY/TIME	PROFESSOR

\$100 Registration Fee: Check _____ Money Order _____ Credit Card _____

Applicant's Signature _____ Date _____