



# Church Divinity School of the Pacific

## CDSP Community Auditor Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

What is your interest in this class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about CDSP/this course? \_\_\_\_\_

\_\_\_\_\_

**Fee for Fall, Spring, or Summer courses is \$450; fee for January Intersession courses is \$310.  
Please include a check for the appropriate amount.**

- Enclosed is full payment of my semester fee of \$450.
- Enclosed is full payment of my intersession fee of \$310.
- I am exempt from the fee because I am a:

\_\_\_ CDSP student partner

\_\_\_ CDSP staff or faculty member

\_\_\_ CDSP staff or faculty partner

\_\_\_ CDSP field-education supervisor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM BEFORE THE BEGINNING OF THE CLASS TO:**

Mary McChesney-Young  
Registrar & Coordinator of Academic Services  
2451 Ridge Rd  
Berkeley, CA 94709

10-01000-10-01-0010-41952