



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:

Registrar & Coordinator of Academic Services

registrar@cdsp.edu

2451 Ridge Rd

Berkeley, CA 94709

10-01000-10-01-0010-41952