



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, Intersession or Summer courses is \$450. The fee is refundable if the class is dropped before the first class session, less a \$50 processing fee.

- Enclosed is full payment of my semester fee of \$450
- (please enclose check or submit payment by credit card at: <http://buy.stripe.com/4gw4hN5cqfuOd5C5kt>)

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:

Bob Kramish
Registrar
2450 Le Conte Ave.
Berkeley, CA 94709
registrar@cdsp.edu