COMMUNITY SCHOLARS
AUDIT PROGRAM
REGISTRATION FORM

_____
First Name Last Name

_____
Address

_____
City State Zip

(_____)_____ (_____)_____
Home Number Cell Number

E-mail address _____

_____
Social Security Number (required for new registration) Date of Birth

_____
License plate number Make Model Color

_____
Course - Department number and name

_____
Faculty

_____
Amount enclosed

********** OFFICE USE **********

_____
Term

_____
Date Paid Amount

_____
Parking permit number

Payment to One Stop
_____

Audit Confirmation to Prof._____

Audit Receipt Mailed to student
_____

Parking Permit Mailed to student_____