COMMUNITY EDUCATION AUDIT & COMMUNITY SUMMER ARTS APPLICATION FORM

Name:		
Address:	Last	
Street	City/Town	Zip Code
Home Phone:	Work/Cell Phone:	
E-Mail Address		
Au pairs: Host Family Name and Phone:		
Are you an au pair?: If yes, what is yo	our level of proficiency with the English language? _	
Semester you are applying for:Summer	r Session ISummer Session II	
•First Choice Course:		
Department Name & Course Number	Course Title	
Professor's Name	Meeting Times & Days	
Any Previous Study Related to This Course/Reason	on for Interest:	
Check here if this course is part of the	he Community Summer Arts Program	
•Second Choice Course:		
	Course Title	
•	Meeting Times & Days	
	on for Interest:	
Check here if this course is part of the	he Community Summer Arts Program	
•Alternate Choice Course:	,	
Department Name & Course Number	Course Title	
Professor's Name	Meeting Times & Days	
Any Previous Study Related to This Course/Reason	on for Interest:	
Community Education	n Audit: \$295/course Community S	Summer Arts: \$495/course
	ines: Summer Session 1: May 14 & Summer Session	
METHOD OF PAYMENT:	Cooler	
Total Amount Paid \$	Card holders Phone:	
♦ Check Enclosed - made payable to Drew Uni	iversity Card holders Name:	
Charge my: ♦ Visa ♦ MasterCard ♦ Ameri	•	
Card No	Expiration Date	
Cardholder's Name (please print)	Signature	