Alumni Course Audit Registration Paper Form  
Spring 2016

AUDITOR INFORMATION (Please print legibly)
Name ________________________________
GWID (optional) ________________________
Net ID (optional) ________________________
GW Degree & Year ________________________
Date of Birth ____________________________
Street Address __________________________
City ____________________________
State Zip ____________________________
Daytime Phone: _________________________
E-mail ________________________________

REGISTRATION FEES
☐ Alumni: $125.00 per course
☐ Alumni Senior (age 60 or over): $65.00 per course
☐ Foggy Bottom/Mount Vernon Senior (age 60 or over): $65.00 per course
☐ Late Registration Fee: $50.00

(For Office Use Only)
Date Initials Batch # Payment info? Professor’s signature? GWID and DOB? (Banner: SOAIDENGW) Check for Hold? (Banner: SFAREGW) Sent to Registrar IDM, Email instructions Charge

(For Office Use Only)
Registrar Office Use ONLY
Last YT: _____ Prog: ___ Deg: ___ Sch: [ ] AW [ ] Current [ ] OK to Q [ ] OK to Reg

SUBTOTAL:
☐ Alumni: $125.00 per course
☐ Alumni Senior (age 60 or over): $65.00 per course
☐ Foggy Bottom/Mount Vernon Senior (age 60 or over): $65.00 per course
☐ Late Registration Fee: $50.00

(For Office Use Only) 
____  ______  Batch # _________
____  ______  Payment info? Professor’s signature?
____  ______  GWID and DOB? (Banner: SOAIDENGW)
____  ______  Check for Hold? (Banner: SFAREGW)
____  ______  Sent to Registrar
____  ______  IDM, Email instructions
____  ______  Charge

PLEASE NOTE: If a lab fee, art course fee, or music course fee is listed for your chosen course on the Schedule of Classes, you will be billed for that cost through Student Accounts and will be required to pay that fee directly to Student Accounts. Only the registration fees listed above are processed through Alumni Relations.

METHOD OF PAYMENT
☐ CHECK- Check #________
☐ CREDIT CARD
Card Number ____________________________ Exp. Date __________________________
Name on Card __________________________ Signature __________________________
Billing Address if different from above _________________________________________

TOTAL: $________

PROFESSOR APPROVAL
☐ Professor Approval Email Attached

You may submit this registration form via email to alumniaudit@gwu.edu.

Receipt
Auditor Name __________________________
Course __________________________
Paid a total of __________________________
Staff Signature __________________________
Today’s Date __________________________