CASE

CASE WESTERN RESERVE UNIVERSITY

School of Graduate Studies
Office of Postdoctoral Affairs
Postgraduate Audit Data/Course Selection Form

Under the FERPA law the University does not release information outside the University without written consent from student. If you prefer the University to withhold any information such as name, address and phone numbers in the student directory and mailing lists within the University, please check here ❏

TERM: **FALL 20** _____   **SPRING 20** _____   **SUMMER 20** _____

ID/SSN: _____   **DATE OF BIRTH:** _____

NAME *(as appears on passport)***:** _____

                           First   **Middle**   **Last**

_____ **MALE**   _____ **FEMALE**   **ETHNIC GROUP** *(optional)***:** _____ *(see chart below)*

US CITIZEN *(yes or no)***:** _____   **VISA:** _____ *(see chart below)*

FOREIGN COUNTRY OF CITIZENSHIP: _____

PERMANENT ADDRESS *(International students must provide address in country of citizenship)*

STREET/NUMBER: _____

CITY: _____   **STATE/COUNTRY:** _____   **ZIP:** _____

COUNTY *(if Ohio resident)* **:** _____   **EMAIL:** _____

PHONE: (   ) _____   **WORK PHONE:** (   ) _____

CURRENT ADDRESS STREET/NUMBER *(if different from above)*

STREET/NUMBER: _____

CITY: _____   **STATE/COUNTRY:** _____   **ZIP:** _____

HIGHEST DEGREE RECEIVED: _____   **MAJOR:** _____   **DATE:** _____

INSTITUTION ATTENDED: _____

YOUR CURRENT TITLE: _____

PROGRAM/DEPT: _____   **SUPERVISOR'S NAME** _____

INSTITUTIONAL AFFILIATION (how you qualify for Case Postgrad Audit): _____

ETHNIC GROUP:
1 - American Indian/Alaskan Native
2 - Black or African American
3 - Asian/Pacific Islander
4 - Hispanic or Latino
5 - Caucasian
6 - Other/Unknown

VISA:
F1 – Student
F2 – Dependent of Student
J1 – Exchange Scholar
J2 – Dependent of Exchange Scholar
B1 – Temp Visitor for Business
B2 – Temp Visitor for Pleasure
C1 – Alien in Transit

E2 – Dependent of Foreign Investor
H1 – Temp Worker of Merit/Ability
H2 – Dependent of Temp Worker
H3 – Trainee
H4 – Spouse of Trainee H1 thru H3
PR – Permanent Resident
TN – Work Visa (Canada & Mexico Only)

PLEASE TURN OVER AND COMPLETE FORM

Please List Course Information:

CRN	SUBJECT		CR HRS	DAYS	TIMES	INSTRUCTOR
E1021	ECON	102	3.0	MTWRF	8:30-9:30 a.m.	R. Smith

_____ _____ _____ _____ _____ _____ _____

I agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed for the Case Medical Plan during the fall and spring semesters unless I complete a waiver form by the deadline posted each semester. I may complete the waiver online or obtain this form from the University Health Service.

I understand that this program is available to those not enrolled in a degree program at Case Western Reserve University and that the cost is ten percent of the regular tuition. I understand that I may only take one course per semester and only with the professor's consent. Furthermore, I understand that postgraduate audit students receive no grade, nor do they receive academic and/or degree credit, nor may they apply this class towards a degree, nor may they enroll in the same course for credit at any time in the future.

I hereby certify that the information I have provided on this form is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial of admission or dismissal from the postgraduate audit program.

_____   _____

STUDENT'S SIGNATURE   **DATE**

_____   _____

PROFESSOR'S SIGNATURE   **DATE**
(Students enrolling for Postgraduate Audit may only receive a grade of "SA")

_____   _____

DEAN'S (GRADUATE STUDIES) SIGNATURE   **DATE**

Please take this form to the Registrar's Office (Yost 110) to complete your registration.
All forms must be processed within one week of approval date.