

Trinity College Alumni Audit Program Registration Form

Name _____ Class/Parent Year _____

Home Address _____

Business Address _____

Home Phone _____ Bus. Phone _____

E-mail _____ Cell Phone _____

	Dept.	Number	Title of Course
First Choice			
Second Choice			

Please mail the upper portion of this form to the Trinity College Alumni Office, 300 Summit St., Hartford, CT 06106-3100 by **Thursday, August 30, 2012.**

Please send form with a check in the amount of \$150 or \$50 (if aged 62 or older) made payable to *Trinity College*. Thank you!

Alumni Office Copy

(For Alumni Office use Only – ID# _____)

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	Dept.	Number	Title of Course
First Choice			
Second Choice			

For your convenience, please make note of the course(s) that you have signed up for.

For a Schedule of Classes for the Fall 2012 Semester, please contact the Registrar's Office at 860-297-2118 or go to <http://internet2.trincoll.edu/ptools/CourseListing.aspx>

Please note that permission of the instructor must be obtained through the Alumni Office only. If you have any questions, please contact the Alumni Relations Office at (860) 297-2400 or alumni-office@trincoll.edu.

Thank you.

Auditor's Copy

