

COLUMBIA INTERNATIONAL UNIVERSITY – ALUMNI GUEST PASS REGISTRATION FORM

(Take completed form to the CIU Registrar's Office)

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ SSN: _____ Graduation Year: _____

Emergency Contact Name: _____ Phone: _____

I wish to take advantage of the special Alumni Guest Pass benefit by visiting the following course:

Term/Year: _____ Course No./Title: _____ Day/Time: _____

Please add this course to my CIU transcript to verify professional development (an audit fee of \$75 per credit hour plus a \$25 registration fee will apply).

Signature: _____ Date: _____

PLEASE READ THESE CONDITIONS: You can use your guest pass for any course up to the level of your highest degree (i.e. an alumnus with a master's degree could use the guest pass for a bachelor or master's course.) Permission to audit classes under the guest pass with the privilege of free tuition is granted on a space available basis, with the instructor's permission and is subject to audit/guest pass restrictions imposed by our accrediting associations. Tuition-free guest pass privileges do not apply to private music courses, language courses, internships, practicums, extension courses, field education courses and other courses identified as not available for audit.

For Alumni Department Use Only: Signature: _____ Date Approved: _____ Rev. 7/06

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