

California Institute for Human Science

Graduate School and Research Center
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APPLICATION TO AUDIT A CLASS

Course Number: _____ Title: _____

Instructor: _____ Day&Time _____

Name: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel:(H) _____ (W) _____

E-mail: _____

Fee: \$132.50 /unit (for online class please add \$50)

Date: _____

Payment Method: _____ *Check _____ VISA/MC _____ Cash _____ Other _____

**Credit Card # _____ Exp. _____

Signature: _____

*please make a check payable to CIHS

**Credit Card Number may be phoned or faxed to CIHS

Cancelation and Refund Policy

Registrant canceling up to 48 hours before a workshop will receive a fee refund less a \$25.00 administrative fee. Cancelation must be in writing.