Mills College – M Center – Academic Records
January 2016 Alumnae Auditor Registration Form

1. Mills alumnae who wish to audit a course at a discounted rate for the January 2016 term should complete this form.
2. Fees (per course): $375
3. Students with a degree-in-progress who have also been admitted for the Spring 2016 term are not eligible for this discount.
4. As an auditor, you will receive neither credit nor a grade for the course, and may not subsequently request to receive credit by examination.
5. The final deadline to register is December 16, 2015; the final deadline to drop a course is January 5, 2016; and the final deadline to withdraw from a course is January 6, 2016.

SECTION I

Name: _____
Last First M.I.

Mills ID: _____ Semester/Year: January 2016

Address: _____

_____

Phone Number: _____ Email Address: _____

Emergency Contact Person: _____ Phone: _____

SECTION II

Please indicate the course(s) to be taken:

CRN	Subject (Ex. ENG)	Course Number	Section	Title	Instructor Signature*

* In lieu of a signature, the instructor may email you a statement approving you to add the course. Please submit both this form and a print out of the email upon submission. Instructor contact information is available through the Mills homepage, in the **Academics** drop down menu, through the **Faculty** link.

SECTION III

Please read the following and sign below:

I accept responsibility for any and all charges associated with registering for the January 2016 term. I understand that I will receive an email regarding my charges and payments once my registration is processed. I understand that in order to receive a full refund, I must drop the course before the first day of instruction, which is **January 4, 2016**. I understand that refunds for dropping a course after the first day of instruction will be subject to the Tuition and Fees Adjustment Policy, as printed in the Mills College catalog.

Student Signature : _____ Date: _____

M Center Use Only: Processed by: _____ Date: _____ ☐ SAAQUIK ☐ SFAREGS

Notes: _____