



Community Auditing Program (CAP) Registration Form

Date ___/___/___

Name: _____
Please Print Last First MI

Address: _____

City State Zip Code

Home Telephone: (_____) _____
Required

Office Telephone: (_____) _____ ext. _____

E-mail: _____

CAP User ID _____

CAP Password _____

Please check if applicable
Princeton University:
 ___ alumnus(a) ___ yr.
 ___ current faculty/staff
 ___ retired faculty/staff
 ___ parent of Student ___ yr.

Spouse of:
 ___ alumnus(a) ___ yr.
 ___ faculty/staff
 ___ retired faculty/staff
 ___ graduate student

Cash, Check or Charge – Make Check Payable to Princeton University (cash in-person only)

Course selections must be listed in order of preference

	Department	Course Number	Course Title	Days	Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Community Auditing Program - Office of Community and Regional Affairs
22 Chambers Street, Suite 101, Princeton University, Princeton, NJ 08542
Phone: (609) 258-0202 – E-mail: PUCAP@princeton.edu
Web Site: www.princeton.edu/community/learning

Mailed forms will not be processed until 3 p.m., the Friday after registration begins.