

UCSC Summer Session Senior Audit Card Application

Name (Last, First, MI) _____

Phone (_____) _____ Fax (_____) _____

Mailing Address: Street _____

City/State/Zip Code _____

E-Mail Address: _____

Proof of Age

I have enclosed a copy of one of the following:

- Birth Certificate
- Driver's License
- Identification Card
- Passport

Payment

I have enclosed \$25 in check or money order payable to UC Regents **OR** please charge \$25 to my _____ MasterCard or _____ Visa

Credit Card # _____ Expiration Date: _____

SIGNATURE _____

Mail this form, proof of age, and payment to:

**UCSC Summer Session
Summer Senior Audit Card
1156 High Street
Santa Cruz CA 95064**

**Phone: (831) 459-5373
Fax: (831) 459-3070
E-Mail: summers@ucsc.edu**