AUDIT STUDENT APPLICATION FORM

This application is for students who wish to audit courses but are <u>not</u> seeking academic credit. If you are interested in enrolling in a degree or diploma program, please contact the Admissions Office.

| Name: | | | | |
|---|---|--|---|--|
| Last | | First | Middle | |
| Mailing Addre | ess: | | | |
| Postal Code: | | Email: | | |
| Telephone: _ | | Date of Birth: | | |
| EDUCATION | AL HISTORY | | | |
| High School: | Graduate of _ | | | |
| Name of Colle | ge/University | Degree or Diploma | Graduation or Dates of Attendance | |
| | | | | |
| | | | | |
| done by audit Auditors may being allowed Auditors are r requires a col exception: | fors nor should at audit up to two c I to use the librar required to have a llege or university | uditors monopolize a teacher's lasses per semester. Auditors y. a high school diploma or its eq | not expected to mark any assignments it time inside or outside the classroom. need to pay the audit library fee before uivalent. To audit a seminary class are contact the registrar to request an | |
| 403-932 | n McNaughton 2-6622 ext. 221 <u>n.McNaughton@</u> | csbs.ca | | |
| I am requestir | ng permission to | audit the following course(s): | | |
| | | | | |
| | | | | |
| Return to: | Registrar | nern Bantist Seminary | | |

Tuition and Fees are due in full by Friday noon prior to the start of the semester.

200 Seminary View Cochrane, AB T4C 2G1