



Application to Audit

Banner ID# _____

Name _____
(Please print)

Date of Birth ___/___/___

Address _____

Telephone # (____) _____

City, State, Zip _____

Social Security # _____
(or appropriate visa or passport number)

I would like to audit this course(s) during the (circle one): FALL SPRING SUMMER 1 SUMMER 2 : Academic Year _____.

I understand that my being accepted into the course(s) is subject to the availability of space after all regular students have been enrolled.

<u>CRN#</u>	<u>Course #</u>	<u>Title of Course</u>	<u>Total Hours</u>	<u>Approval of Instructor</u>	<u>Date</u>
_____	_____	_____	_____	_____ (Signature)	___/___/___
_____	_____	_____	_____	_____ (Signature)	___/___/___

Signature of Applicant _____ Date _____

PLEASE RETURN COMPLETED FORM WITH A CHECK MADE PAYABLE TO WFU School of Divinity

Payment received in School of Divinity, 303b Wingate Hall: _____
(Signature and Date)

Payment of auditing fee to Financial Services and Accounting, 107 Reynolda Hall: _____
(Signature and Date)