Alumni Auditor Application/Registration

Office of the Registrar
204 North Lexington Ave, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu
859.858.2197 | fax: 859.858.2015 | **registrar@asburyseminary.edu**

Instructions / Guidelines:

1. Complete this form to audit a class or classes if you are NOT *currently* enrolled as a student at Asbury Theological Seminary and you are eligible to audit seminary classes as an alumni because you hold an earned degree (*i.e.,* M.Div., M.A., Th.M., D.Miss., D.Min., or Ph.D.), or an earned Certificate from Asbury Theological Seminary. Refer to the current ATS Academic Catalog for full policy details and contact the Registrar's Office if you have questions.
2. Secure a faculty signature for each class you are requesting to audit. You may secure a faculty signature via email.
3. Each professor determines the specific requirements for course auditors, with a minimum expectation of attendance in a majority of the scheduled class meetings. Academic credit for audited classes cannot be given at any time.
4. Audited courses will appear on your official transcript. Please refer to the current Academic Catalog for graduate auditor rates.
5. Submit your fully completed form to the Registrar's Office in person, by mail, or electronically as a PDF email attachment.
6. Class registration is dependent on available classroom space and permission of the faculty of record.

LAST NAME **FIRST NAME** **SEMINARY STUDENT ID** *(If applicable)* **SOCIAL SECURITY #**

STREET ADDRESS **CITY** **STATE** **ZIP CODE**

US Citizen Married

DATE OF BIRTH **PHONE** **CITIZEN** **MARITAL STATUS**

American Indian or Alaska Native

EMAIL ADDRESS **NATIONALITY** **ETHNIC GROUP**

HISPANIC/LATINO: ☐ **YES** ☐ **NO** **GENDER:** ☐ **MALE** ☐ **FEMALE**

Reason for auditing

_____

_____

Registration Details:

Semester _____ Year _____

Degree Level Earned at Asbury Theological Seminary *(Check highest degree earned and complete associated information)*

☐ Graduate Degree Holder Graduate Degree Earned _____ Semester / Year Earned _____

☐ Post-Graduate Degree Holder Post-Graduate Degree Earned _____ Semester / Year Earned _____

I request permission to audit the following classes:

Course ID	Section	Course Title	Time	Days	Instructor's Signature

I understand the above statements and provisions:

SIGNATURE *(required)* _____ **DATE:** _____

FOR OFFICE USE ONLY

STUDENT/PROFFESOR(S) NOTIFIED	DATE	RECORDED BY REGISTRAR'S OFFICE	DATE