



WESTMINSTER
THEOLOGICAL
SEMINARY

Registrar Office Use Only:

Form rec'd: _____

Date processed: _____ Init.: _____

Registrar signature & date: _____

Audit Registration Form

From the catalog:

A limited number of auditors are permitted in most courses. Auditing privileges include regular class attendance, copies of all printed material distributed to the class, the opportunity to ask occasional questions in class, and full library privileges. *(For complete auditing policy, please refer to the catalog.)*

Please provide the following information:

Legal Name

Last: _____ First: _____ Middle: _____

Former/Maiden Name: _____ Nickname: _____
(if applicable) (if applicable)

Street Address: _____

City/State/Zip Code: _____

Email Address: _____ Phone: _____ DOB: _____

Type of Auditor (check one):

☐ Current Student – ☐ Full-Time ☐ Part-Time ☐ WTS Graduate – Year Graduated: _____

☐ Spouse of Full-Time Student—Name of FT Student: _____

☐ Full-Time Faculty/Staff ☐ Part-time Employee

☐ Spouse/Child of Full-Time Faculty/Staff—Name of Faculty/Staff: _____

☐ General Auditor (none of the above) ☐ Church Leader Auditor

Signature: _____ Date: _____

Course(s) you would like to audit:

Course Code	Course Title	No. of Credits	Semester/Term, Year