



**APPLICATION FOR AUDIT**  
Eden Theological Seminary  
St. Louis, Missouri 63119

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City and State) (Zip Code)

E-mail address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Soc Sec No \_\_\_\_\_

Denominational Affiliation \_\_\_\_\_

Previous Education (Highest degree level):

| Name of Institution | Date of Attendance | Degree |
|---------------------|--------------------|--------|
| _____               | _____              | _____  |

Reference:

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Course number and name to be audited:

\_\_\_\_\_

Please state briefly your reason(s) for wanting to audit this class. (Use reverse side if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dean's approval \_\_\_\_\_ Date \_\_\_\_\_

Please return application to the Admissions Office, Eden Theological Seminary, 475 East Lockwood Ave., St. Louis, MO 63119