



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 **Registrar**, Eden Theological Seminary, 475 East Lockwood Ave., St. Louis, MO 63119