

Audit Registration Form

Mid-America Baptist Theological Seminary

MUST CHECK ONE BOX

Yes, I have previously taken a course.

No, I have never taken a course at Mid-America Baptist Theological Seminary.

**THEREFORE A Non-Credit Application must be filled out. Please contact the Admissions Office:
901-751-3060 FOR APPLICATION.**

Name: _____

Last
First
MI
Nickname

Address: _____

Street and Number
City
State
Zip Code

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** _____

Today's Date: _____ **Semester:** _____

Period	Number	Course Title	Instructor
8:00 A.M.			
9:00 A.M.			
10:00 A.M.			
12:30 P.M.			
1:30 P.M.			
Monday 6:00 P.M.			

***Each course is \$50. Return form and payment to the Receptionist Desk.**

Fee Paid: _____

Type of Payment: _____