



## Audit Registration Form

### MUST CHECK ONE BOX

☐ Yes, I have previously taken a course.

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

<b>Name:</b> _____			
_____	_____	_____	_____
Last	First	MI	Nickname
<b>Address:</b> _____			
_____	_____	_____	_____
Street and Number	City	State	Zip Code
<b>Home Phone:</b> _____		<b>Cell Phone:</b> _____	
<b>Email:</b> _____		<b>Date of Birth:</b> _____	
<b>Today's Date:</b> _____		<b>Semester:</b> _____	

**Total number of classes you would like to take:** \_\_\_\_\_

CHOICE*	COURSE NUMBER	COURSE NAME	TIME
1 <sup>st</sup> choice			
2 <sup>nd</sup> choice			
3 <sup>rd</sup> choice			
*If you do not plan to attend the class, please choose Monday night.			

**\*Each course is \$50. Return form and payment to the front desk or mail to**

**MABTS, 2095 Appling Road, Cordova, TN 38016.**

**Fee Paid:** \_\_\_\_\_

**Type of Payment:** \_\_\_\_\_