



Course Audit Registration

MUST CHECK ONE BOX

☐ Yes, I have previously taken a course at Mid-America.

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

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:** _____

Total number of classes you would like to take: _____

CHOICE	COURSE NUMBER	COURSE NAME	TIME
1 st choice			
2 nd choice			
3 rd choice			
Other			

Return form and payment (all courses are \$50 each) to the front desk or mail to:
MABTS, 2095 Appling Road, Cordova, TN 38016

Have questions? Contact the Registrar's office at 901-751-3068 or tdegeorge@mabts.edu.

Fee Paid: _____

Type of Payment: _____