



Year Graduated (for alumni)

Denomination

OFFICIAL ALUMNI & SENIOR CITIZEN AUDIT FORM

Semester/Year

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____) _____

Please complete this section by listing the course which you wish to audit. Auditing students are accepted after the registration deadline and on a space-available basis. You may refer to the *Academic Calendar* for registration deadlines and the *Class Schedule* for current course offerings under the *Academics* section of our website at www.erskine.edu/seminary.

<u>Course Code & Number</u>	<u>Type</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Professor</u>	<u>Location</u>
_____	<u>Audit</u>	_____	<u>0</u>	_____	_____

Location Key: Augusta, Charleston, Columbia, Due West, Fort Jackson, Greenville, Florence

There is no charge to audit a course.

I wish to audit the above course:

Signature _____ Date _____

Please return the original *Official AUDIT Form* to the Office of the Registrar while retaining a copy for your records.

Audited courses carry no academic or Continuing Education (CEU) credit, nor can such credit be given at any time in the future. Persons wishing to receive academic or Continuing Education (CEU) credit must register using an Official Registration Form and pay the applicable tuition and fees.

**Office of the Registrar • Erskine Theological Seminary • P.O. Box 668, Due West, SC 29639
864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**