

AUDIT REGISTRATION FORM

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| LEGAL LAST NAME | GIVEN NAME |
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COURSE INFORMATION:

Course Title: _____

Course Code:

Location: _____

Year: _____
 Fall (Sept-Dec)
 Winter (Jan-Apr)
 Summer (May-Aug)

Are you a current student at McMaster Divinity College?

- Yes
- No

If yes, please include your student identification number.

If no, are you interested in receiving further information on becoming a student of McMaster Divinity College?

- Yes
- No

How did you hear about this course?

- Advertisement
- Through my local church
- McMaster Divinity College student invitation
- BCOQ Convention
- Other

Student Signature

AUDIT STATUS:
Written assignments are not required from students taking courses under Audit status.