macdiv
LEADERSHIP *through* UNDERSTANDING

Audit Registration Form

LEGAL LAST NAME	GIVEN NAME

Course Information

Course Title: _____	**Course Title:** _____
Course Code:	**Course Code:**
Year: _____ Fall / Winter (Sept-Apr) Summer (May-Aug)	**Year:** _____ Fall / Winter (Sept-Apr) Summer (May-Aug)

Are you a current student at McMaster Divinity College?
☐ Yes
☐ No

If yes, please include your student identification number.

Are you a Field Education Supervisor?
☐ Yes
☐ No

Also, if your contact information has changed since your previous registration, please complete the enclosed application form.

If no, please complete the enclosed Application Form.
Are you interested in receiving further information on becoming a student of McMaster Divinity College?
☐ Yes
☐ No

_____
Student Signature

AUDIT STUDENTS:
Written assignments are not required from students taking courses under a Non-Credit status.