

COVENANT BIBLE COLLEGE & SEMINARY

Audit Application

1. PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (C): _____

E-Mail: _____

Person to Notify in Case of Emergency: _____

Phone: _____ Relationship: _____

2. COURSE INFORMATION

Name of Course to Audit: _____

3. PAYMENT INFORMATION

Audit Fee is \$75.00 per course

Check No. _____

Cash Payment Receipt No. _____

I am auditing this course for my personal growth and I understand that I will not receive credit toward a degree.

Signature: _____