



NORTHEAST CAMPUS

MID-AMERICA BAPTIST THEOLOGICAL SEMINARY

Audit Registration Form

MUST CHECK ONE BOX

Yes, I have previously taken a course.

No, I have never taken a course at Mid-America Baptist Theological Seminary

Name: _____
Last Middle First

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Date of Birth:** _____

Today's Date: _____ **Semester:** _____

Course(s) to be taken:
Course Name/Number

Section/Time

Course Name/Number	Section/Time
_____	_____
_____	_____
_____	_____

Each Course is \$50.00

Office Use Only

Tuition Paid _____ **Check #** _____

Check Mailed _____