



NON-NBTS STUDENT AUDIT REGISTRATION

Full Name: _____ Date: _____

Current Address: _____

Phone: _____ Email: _____

SSN# _____ DOB: _____

COLLEGE OR UNIVERSITY: _____

MAJOR: _____

GRADUATE SCHOOL/SEMINARY _____

DEGREE: _____

NOTE: A STUDENT CAN AUDIT ANY NBTS COURSE. PERMISSION MUST BE GRANTED BY THE INSTRUCTOR. AUDITORS DO NOT TURN IN ASSIGNMENTS OR RECEIVE A GRADE. AUDITS ARE NOT THE SAME AS COURSE CREDIT.

COURSE NUMBER	COURSE TITLE	INSTRUCTOR

SIGNATURE: _____

BY SIGNING ABOVE, I UNDERSTAND THAT I AM BOUND TO PAY THE TUITION AND FEES AS LISTED IN THE STUDENT HANDBOOK. I AM ALSO BOUND TO READ THE ACADEMIC POLICIES AND ADHERE TO THEM.