



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
3210 E. Guasti Road • Ontario, CA 91761
909.687.1468 (phone) • 909.687.1593 (fax)
registrar@gs.edu

REQUEST TO AUDIT COURSE

Last Name: _____ First Name: _____ Middle Name: _____

Have you ever taken any class or been employed at Gateway Seminary in the past? Yes No

If Yes

ID #: _____ Graduated? Yes No If Yes, Month/Year: ____/____

Year in Seminary (if applicable): _____ Degree/Certificate Sought: _____

If No (First Time Auditor): New ID #: _____ (Assigned by the Registrar's office)

Address: _____

Gender: Male Female

City: _____ State: _____ ZIP: _____

Social Security #: _____ - _____ - _____

Telephone: (____) _____ - _____

Date of Birth: _____

Email: _____

Country of Citizenship: _____

Denomination: SBC Other _____

Ethnic Origin: _____

Marital Status: Single Married Divorced Widowed

Year/Term: 20____ / _____ Course #: _____ - ____ Course Title: _____

Have you previously studied the subject to be audited? Yes No If yes, where? _____

State your reason for auditing this course: _____

Professor's Signature: _____ Date: _____ Approval Email Attached

NOTE TO APPLICANT – This form is to be filled in completely, signed by the professor, and returned to the Registrar's Office or Regional Campus Administrative Office after the class has met the first time and before the last day to add. Tuition is due at the time of registration. Check with the Business Office for current fee schedule. Currently matriculated students who register for a course for credit then choose to change to audit must do so within the first week of class. TFE (Theological Field Education) cannot be audited.

ENROLLMENT – Auditors will be enrolled in a course **after** students who are taking the course for credit have been registered. Auditors will then be registered in the order in which their applications were received. The submission of this form **does not** guarantee enrollment. Forms cannot be submitted before the first class meeting.

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____ Audit Fee Waived: Yes No