



GATEWAY SEMINARY

ADVANCE

ADVANCE Center (Code & Name):

ADVANCE AUDITOR APPLICATION

Auditors are welcomed into classes as observers only. Auditors will be enrolled in a course after students who are taking the course for credit have been registered. This form is to be filled in completely and signed by the instructor and center director.

Last Name/
Family Name: _____ First: _____ Middle: _____

Have you ever taken *any* class at Gateway Seminary or with ADVANCE/CLD before? Yes No

Address: _____ Gender: Male Female

City: _____ State: _____ ZIP Code: _____ - _____

Phone: _____ Date of Birth: ____/____/____

E-mail Address: _____

Marital Status: Married Single Divorced Widowed

Ethnic Origin (for statistics only):

African American Hispanic Caucasian Native American Asian or Pacific Islander

Other (Please Specify): _____

Courses to be audited:

Course # _____ Course Title _____ Semester and Year ____/____

Course # _____ Course Title _____ Semester and Year ____/____

Course # _____ Course Title _____ Semester and Year ____/____

Please state your purpose in auditing the course(s):

Instructor's Signature

Date

Local ADVANCE Center Director's Signature

Date