



MID-AMERICA

Audit Registration Form Mid-America Baptist Theological Seminary

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	First	MI	Nickname
Address: _____			
Street and Number	City	State	Zip Code
Home Phone: _____		Cell Phone: _____	
Email: _____		Date of Birth: _____	
Today's Date: _____		Semester: _____	

Period	Number	Course Title	Instructor

***Each course is \$50. Please return form and payment to the front desk**

or mail to

MABTS, 2095 Appling Road, Cordova, TN 38016.

Fee Paid: _____

Type of Payment: _____