



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

Total number of classes you would like to take: _____

CHOICE*	COURSE NUMBER	COURSE NAME	TIME
1 st choice			
2 nd choice			
3 rd choice			
*If you do not plan to attend the class, please choose Monday night.			

***Each course is \$50. Return form and payment to the front desk or mail to**

MABTS, 2095 Appling Road, Cordova, TN 38016.

Fee Paid: _____

Type of Payment: _____