GATEWAY SEMINARY

ADVANCE Center (Code & Name):

_____

ADVANCE
AUDITOR APPLICATION

Name (Last, First, Middle)

_____

Address

_____

City _____ State _____ ZIP Code _____

Phone _____ E-mail Address _____

Gender: ☐ Male   ☐ Female   Marital Status: ☐ Married   ☐ Single

Ethnic Origin (for statistics only)   ☐ African American   ☐ Hispanic   ☐ Caucasian
☐ Native American   ☐ Asian or Pacific Islander   ☐ Other (Please Specify)

Enrolled in courses for credit?   ☐ Yes ☐ No

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

Form S
Updated 8/17