



# APPLICATION FOR CONTINUING EDUCATION AUDIT

[Please print clearly or type ~ \*\* Denotes Required Information]

Date \_\_\_\_\_

\*\*Name \_\_\_\_\_

\*\*Address \_\_\_\_\_ \*\*City \_\_\_\_\_ \*\*State \_\_\_\_\_ \*\* Zip \_\_\_\_\_

\*\*Phone \_\_\_\_\_ email \_\_\_\_\_

\*\*Birthdate \_\_\_/\_\_\_/\_\_\_ \*\*Social Security No. \_\_\_\_\_  Female  Male

Denominational Affiliation \_\_\_\_\_

Please check here if you are the spouse/partner of LTS:  Faculty  Staff  Full-time student

Please check here if you are currently serving as:  LTS Ministerial Guide  LTS Adjunct Professor

Have you previously participated in courses for Continuing Education at LTS?  Yes (When? \_\_\_\_\_)  No

Do you wish to receive CEU Certificates?  Yes  No

Previous Education (highest degree earned)

Name of Institution: \_\_\_\_\_ Date of Attendance \_\_\_\_\_

Degree Program \_\_\_\_\_ Degree Conferred?  Yes  No

Check here if course(s) will be used toward Act 48 certification.

Register for course(s):

Year: _____	July/August: _____	Fall: _____	January: _____	Spring: _____	May: _____
Course Title	Credits	Fee	Office Use		
<b>Audit Fee - \$75 per credit</b>					

Continuing Education Audit is at the discretion of the course professor. Auditing a course for Continuing Education implies that the auditor is present in the course, and should complete the readings in order to be informed and prepared to participate in class discussions. The auditor is not expected to complete written assignments, and evaluation or grading of any work the auditor chooses to undertake should not be expected. The audit fee entitles the auditor to attend course sessions and receive a copy of the syllabus and any other instructional handouts distributed to the class. Auditors are permitted to use the Philip Schaff Library on campus. Because parking is at a premium, on-campus parking is reserved for faculty, staff and credit students.

I have read and understood Lancaster Theological Seminary's policy on Continuing Education Audit.

\_\_\_\_\_  
Signature of Auditor

\_\_\_\_\_  
Date

**Submit completed and signed form with payment to:  
Office of the Registrar ~ Lancaster Theological Seminary ~ 555 West James Street ~ Lancaster, PA 17603**

FOR OFFICE USE ONLY

Fee paid

Date CEU mailed \_\_\_\_\_

Processed by: