



Lancaster
THEOLOGICAL SEMINARY

Lancaster Theological Seminary

Audit Request Form

Today's Date:	
Your Name:	Address:
Phone:	Email:

To Request Registration for a Course:

- Submit this form with your signature to registrar - registrar@lancasterseminary.edu
- The extent of involvement of the auditor is to be determined by the professor.
- At the conclusion of the course the professor will determine if the student has successfully completed the terms of the audit.
- The fee for a Continuing Education Audit is \$175 per credit hour

Course Number:	Course Name:	Year & Term Course is Offered

Signature of Auditor _____

Date _____

Signature of Registrar: _____

Date: _____