

**ASHLAND THEOLOGICAL SEMINARY  
ALUMNI AUDIT REGISTRATION**

\_\_\_\_\_   
Date Submitted

**Name:** \_\_\_\_\_  
Last First Middle

Student ID or last 4 digits of SS# \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Home

Email address: \_\_\_\_\_ @ \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Work or Cell (circle one)

Address: \_\_\_\_\_  
Street City State Zip Code

Please indicate if any of the above information is new.

Fall 20\_\_\_\_

Spring 20\_\_\_\_

Summer 20\_\_\_\_

(Please select only one)

ATS Degree: \_\_\_\_\_

Graduated from ATS: \_\_\_\_\_ / \_\_\_\_\_  
mm yy

Current Employer: \_\_\_\_\_  
\_\_\_\_\_

Subjects of Interest for continuing education, workshops or lecture series: \_\_\_\_\_  
\_\_\_\_\_

Do you receive The Table Magazine?  Yes  No

Do you receive invitations to Ashland events?  Yes  No

**REGULARLY SCHEDULED CLASSES:**

	Subject	Course Number	Section	Course Title	Campus
First Choice					
Second Choice					

**Courses offered as free audits are not eligible for CEU credit**

Student's Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:

Sent to Alumni Office

Faculty Approval: \_\_\_\_\_

Date Received: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_

Date Registered: \_\_\_\_\_