



## Wilmore Clergy Audit Registration Form

Semester/Year \_\_\_\_\_

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

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I request permission to attend the following classes:

Course No.	Course Title	Time	Days	Instructor's Signature

I understand registration is dependent on available space and permission of the instructor.

I do not expect a grade or record to be kept on file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Recorded: \_\_\_\_\_

Date Copied to professor: \_\_\_\_\_