



Meadville Lombard
Theological School

Alumni/ae Request to Audit a Course

Personal Information

Full Name: _____

Date of Graduation/ Degree: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail address: _____

Emergency contact person: _____

Phone: _____

Course Information

Year/Term (i.e., Spring '09, or J-Term '09): _____

Course Number/Title/Credit: _____

- I wish to:
- take this course for free (it will **not** appear on my transcript)
 - take this course for a fee of \$500 (it will appear on my transcript as an audit)

Payment Information (if applicable)

- I have enclosed my personal check
- Please charge to my credit card using the following information:

Circle one: MasterCard/ Visa: Acct. number: _____

Exp. Date _____ Signature: _____

Mail or FAX this form to:

Meadville Lombard Theological School

Attn: Registrar

5701 S. Woodlawn Avenue | Chicago IL 60637

Voice: 773.256.3000 x251 | FAX: 773.256.3007

Signature

Date