



**REDEEMER THEOLOGICAL SEMINARY**  
 3838 OakLawn Ave. Suite 200, Dallas, Texas 75219  
 214-528-8600 • Fax: 214-373-0907 • [www.redeemerseminary.org](http://www.redeemerseminary.org)

**Church Leader Audit Application**

**APPLICATION DEADLINES**

Applications are due within 10 days of the beginning of class

Please register as early as possible so classes may be planned for space availability. Some courses may be closed out due to high enrollment. A maximum of 10 auditors per class will be accepted. Language courses are not open for audit. Eligible courses are from the M.A., M.A.R. and M.Div. programs of study only.

Please print: \_\_\_\_\_  
 Last name First (Nickname) Middle Init.

Permanent Mailing Address \_\_\_\_\_  
 Street Apartment/Box #  
 \_\_\_\_\_  
 City State Zip

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female How did you hear about Redeemer? \_\_\_\_\_

Term for which you are applying to audit: Year: \_\_\_\_\_  Fall semester  Spring semester  
 Winter term  Summer session

Which course do you wish to audit? Course number \_\_\_\_\_ Course name \_\_\_\_\_

Church information \_\_\_\_\_  
 Church name City State

What is your leadership role in this congregation? \_\_\_\_\_

I agree to the provisions regarding audits (see [www.redeemerseminary.org/academicpolicies.html](http://www.redeemerseminary.org/academicpolicies.html)).

\_\_\_\_\_  
 Signature of applicant Date

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OFFICE USE ONLY

Date received \_\_\_\_\_ Fee \_\_\_\_\_