

Non-Student Auditor Application/Registration

Office of the Registrar

204 North Lexington Ave, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu
859.858.2197 | fax: 859.858.2015 | registrar@asburyseminary.edu



Instructions:

1. Complete this form to audit a class or classes if you are NOT currently enrolled as a student at Asbury Seminary and do not require an academic record of your audit(s) requested below, and you are currently eligible to audit seminary classes because: a) your spouse is an enrolled student or alumnus of Asbury Seminary; b) you are currently a staff member of Asbury Seminary; or c) you hold current Missionary in Residence or Wilmore Clergy status as granted by the Provost's Office. Refer to the current ATS Academic Catalog for full policy details and contact our office if you have questions.
2. Secure a faculty signature for each class you are requesting to audit. You may secure a faculty signature during the first class period if it meets before the add/drop date of the semester.
3. Submit your fully completed form to the Registrar's Office in person, by mail, or via electronic submission as a PDF email attachment.
4. Online (ExL), and Hybrid courses are not eligible for audit, and campus class registration is dependent on available classroom space and permission of the faculty of record.

LAST NAME	FIRST NAME	SEMINARY STUDENT ID (If applicable)	or	SOCIAL SECURITY #
STREET ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS
HIGHEST LEVEL PRIOR DEGREE EARNED	GENDER	DATE OF BIRTH	MARITAL STATUS	

Registration Details:

Semester _____ Year _____ Campus (check one) ☐ Wilmore ☐ Orlando ☐ Memphis

Relationship to Asbury Theological Seminary (You must check only one and complete associated information)

☐ Current Staff Member

Department _____ Title _____

☐ Spouse of ATS Student or ATS Alumnus

Spouse's Name _____ Spouse's ATS ID or SS # _____

☐ Missionary in Residence

Mission Organization _____ Title/Position _____

☐ Wilmore Clergy Association

Local Church _____ Title/Position _____

Have you audited courses at Asbury Theological Seminary before?

☐ First time auditor at Asbury Theological Seminary

☐ Repeat auditor at Asbury Theological Seminary

I request permission to attend the following classes:

Course ID	Section	Course Title	Time	Days	Instructor's Signature

I do not expect a grade or record of the audit(s) to be kept on file:

SIGNATURE (required) _____ DATE: _____

FOR OFFICE USE ONLY			
STUDENT/PROFFESOR(S) NOTIFIED	DATE	RECORDED BY REGISTRAR'S OFFICE	DATE