TYNDALE INTERNATIONAL UNIVERSITY
4270 W. 6th St., Los Angeles, CA 90020 ● Phone 213.595.3181
www.TyndaleInternationalUniversity.org ● info.TyndaleInternationalUniversity@gmail.com

AUDIT REGISTRATION

Audit Policies

- The audit fee of $200.00/semester is non-refundable.
- Auditors' privileges include regular class attendance, full library privileges, and copies of all printed material distributed to the class.
- Auditors will receive only a grade of "AU" every class completed.

Auditor Information: (Please Print)

Name: _____

Nickname: _____ (if applicable) Former/Madden Name: _____ (if applicable)

SSN: _____ Date of Birth: _____

Phone Numbers: (____)_____ Home (____) _____ Cell Phone Email Address: _____

Street Address: _____
Street City State Zip-code

Type of Auditor (Please check one)

☐ Current Student (☐ Full-time ☐ Part-time) ☐ Church Leader Auditor ☐ Part-time Employee
☐ Spouse/Parent/Child of Full-time Student: Name of Full-time Student _____
☐ Spouse/Parent/Child of Faculty/Staff: Name of Faculty/Staff _____
☐ General Auditor (none of the above)

Courses

Semester/Term, Year	Course No.	Course ID	No. of Units

_____ Auditor Signature

_____ Date

For Office Use Only

- Date form received: _____ ● Date processed: _____
- The audit fee of $200.00/semester received: Date: _____ ● Receipt No.: _____ Initial: _____
- Signature of Registrar: _____ Date: _____

Rev. Feb. 2017

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PERSONAL STATEMENT

-CONFESSION OF FAITH-

Applicant's Name: _____ Signature: _____ Date: _____

** If more space is needed, you may use separate sheets to attach to this primary form.*