



(for office use only)

Date rec'd \_\_\_\_\_ Fee N/A

Program \_\_\_\_\_ Semester \_\_\_\_\_

Church Leader Audit Application  
**Westminster Theological Seminary**  
P.O. Box 27009, Philadelphia, Pennsylvania 19118  
800-373-0119 • Fax: 215-887-5404 • www.wts.edu

**APPLICATION DEADLINES**

Fall Entrance – **August 15**, January Entrance – **November 15**, Spring Entrance – **January 15**

Please type or print clearly. The applicant is responsible for the timely completion of all application materials. NO application will be considered until ALL necessary materials have been received.

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last or family name First (Nickname) Middle/Maiden

Permanent Mailing Address \_\_\_\_\_  
Street Apartment/Box #  
City State/Province Zip/Postal Code Country

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Term for which you are applying to audit: Year \_\_\_\_\_  Fall Semester  Spring Semester  
 Winter Term  Summer Session

Do you plan to take classes in (choose one):  Suburban Philadelphia  Urban Philadelphia  Dallas

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 catalog's provisions regarding audits (see page 41 of the 2005-2006 catalog).*

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

Date \_\_\_\_\_

**NOTE:** You must submit with this application a letter from your church ON CHURCH LETTERHEAD stating that you are a ruling/teaching elder or deacon. *Exceptions will be considered.*

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. Language courses are not open for audit. Eligible courses are from the M.A., M.A.R. and M.Div. programs of study only.