



## APPLICATION TO AUDIT COURSES

Name \_\_\_\_\_  
Last First Middle

Mailing address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City or Town State Zip Code

Telephone \_\_\_\_\_  
Area Code Number

Mobile \_\_\_\_\_  
Area Code Number

E-mail address \_\_\_\_\_

Denomination or Faith Community \_\_\_\_\_

**\$75.00 Tuition Fee for each class!**

*Note: Please forward your application to:  
Attention: Admissions  
Hood Theological Seminary  
1810 Lutheran Synod Drive  
Salisbury, NC 28144  
Or email at [admissions@hoodseminary.edu](mailto:admissions@hoodseminary.edu)*