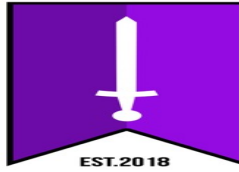


FOR TBC OFFICE USE ONLY

STUDENT ID	DATE RECEIVED	DATE ENTERED INTO SYSTEM	ENTERED BY	
CAMPUS CODE	DATE APPROVED	ASSESSED BY	ASSESSED BY	DESIGNATED STUDENT ADVISOR



THEOS

BIBLE COLLEGE

AUDIT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	<input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> _____	MAIDEN NAME, if app.	PRI. LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish
MAILING ADDRESS		CITY		STATE / PROVINCE	ZIP OR POSTAL CODE	COUNTRY	
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER			
PRIMARY E-MAIL ADDRESS							
SECONDARY E-MAIL ADDRESS							
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	RACE <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> Other (specify):	PLACE OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)		

Non-Discrimination Policy

This insitute does not discriminate on the basis of nationality, ethnic origin, age or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance into the Audit Program.

2. I am fully aware that the Theos online Zoom recording will have my face and voice recorded. I give my consent for it to be distributed to other students and faculty.

SIGNATURE DATE

*Make payment of \$50 for your application fee and submit this completed application to the Director.

2. PLEASE STATE YOUR SALVATION TESTIMONY

3. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS

I am planning to upgrade my course work to receive academic credit at some point in the future.