

Asia Biblical Theological Seminary

of Cornerstone University

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AUDIT APPLICATION

Name

(Write your name as you usually write it. Underline the surname or family name)

Mr. Mrs. Miss Pastor Rev. Dr. _____

Address

Phone #s _____ Email _____

Country of Birth _____ Country of citizenship _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Marital Status Single Married Separated Divorced Remarried Widowed

When did you become a Christian? _____

What is the highest academic course you have completed? _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to audit this course to determine whether or not I will enrol as an active student in the future	I am already a student of ABTS and my student number is _____	I am just interested in auditing this course

Please enrol me in the following course(s) for the session indicated.

Seminar Location _____ Seminar Date _____

Course Number **Course Title** **Credit Hours**

Signature _____ Date _____