

Baptist Seminary of Kentucky

Audit Application

*Mail completed form to Office of Admissions
Baptist Seminary of Kentucky,
631 S. Limestone Street, Lexington, KY 40508
www.bsky.org

*For further help, you may call the Office of Admissions at (859) 455-8191

BIOGRAPHICAL INFORMATION

Name _____
Last First Middle Preferred name

Permanent Home Address _____

Street _____ City _____ State _____ Zip _____

County of Residence _____ Home Phone (____) _____

Work Phone(____) _____ Cell Phone (____) _____

E-Mail _____ Emergency Contact Phone(____) _____

Emergency Contact Person and Relationship _____

College/University: _____ Year of Graduation: _____

Social Security Number _____ / _____ / _____ Date of Birth ____ / ____ / ____

FINANCIAL INFORMATION

Those wishing to audit courses are charged \$50 per semester hour. For example, a three hour class would cost \$150.

I certify that the information provided on this form is true and voluntarily given. I give my permission for this information to be used by Baptist Seminary of Kentucky for the purpose of keeping records.

Signature _____ Date _____

For office use only: Courses Audited	Term	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____