

# METHODIST THEOLOGICAL SCHOOL

————— IN OHIO —————

## Office of the Registrar

### Application to Audit Courses

**General guidelines for auditing**

1. Auditors at MTSO must fulfill the requirements for auditors as stated by the instructor of the course they are auditing. These requirements may include readings, class attendance, and other appropriate forms of participation.
2. Auditors will not be required to submit written work for evaluation, nor to take examinations.
3. Auditors cannot request at a later date to receive academic credit for courses they audited.
4. Availability to audit individual courses at MTSO is subject to change based on the enrollment of credit-seeking students in the course.
5. Course instructors reserve the right to limit or prohibit auditor participation in their courses.

**AUDITING COSTS:** \$200 per course (\$75 for ages 60 and up)  
**FREE** for employees, retirees, student spouses, and Parish Partner church members

**REQUESTS MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE NO LATER THAN ONE WEEK PRIOR TO THE FIRST CLASS MEETING.**

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Title      Last Name                                      First                                      Middle                                      Preferred Name

Relationship to MTSO (check all that apply):

- no prior relationship (how did you hear about us? \_\_\_\_\_)
- alumni (name you attended under, if different then above \_\_\_\_\_)
- spouse of current MTSO student (spouse name: \_\_\_\_\_)
- current or former employee of MTSO or  spouse of current employee
- member of MTSO Parish Partner Church (name of church: \_\_\_\_\_)

Full address: \_\_\_\_\_

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

Current vocation: \_\_\_\_\_ Religious affiliation (if any): \_\_\_\_\_

Highest educational degree earned: \_\_\_\_\_ Date: \_\_\_\_\_ Major field of study: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### AUDIT COURSE REQUESTS

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

Course No.	Course Title	Days	Times	Instructor

I understand the above information regarding auditing classes at MTSO.

\_\_\_\_\_  
**Auditor Signature**

\_\_\_\_\_  
**Date**

Consent of instructor required:  
 approved     denied