



PACIFIC SCHOOL OF RELIGION

1798 SCENIC AVENUE
BERKELEY, CA 94709-9989
TEL: 800/999-0528 OR 510/849-8252
FAX: (510)845-8948 ATTN: REGISTRAR
ALSO AVAILABLE ONLINE WWW.PSR.EDU

APPLICATION TO AUDIT

Complete and return to the PSR Registrar in Holbrook 135. Please type or print legibly. Asterisked () fields are required.*

Name*: _____
Last First Middle

Address*: _____
Street

City/State/ Zip

Home Phone*: _____ Work Phone: _____

Email*: _____

*Semester and year in which you wish to begin auditing classes:
Year: _____ Fall January Intersession Spring

For what purposes do you wish to audit courses?

What is your primary area of interest?

*Which classes do you wish to audit? (Course schedule available online at www.gtu.edu)

Course number	Course name	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over, please)

Are you a graduate (alumni/ae) of PSR?

No Yes

If yes, degree(s): _____ Sem/Year(s) of graduation: _____

Are you Field Education Mentor/Supervisor during the term you wish to audit?

No Yes

If yes, please complete and return the Field Education Mentor Form for class registration.

Are you a regular employee (non-student worker) of PSR during the term you wish to audit?

No Yes Full-time Part-time

If yes, title and dept.: _____

Are you the spouse of a PSR student during the term you wish to audit?

No Yes

If yes, name of your spouse: _____

Please list, in chronological order, your previous higher education:

School	Dates	Degree/diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

*Signature

*Date