



CANADIAN REFORMED THEOLOGICAL SEMINARY

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www.canadianreformedseminary.ca

APPLICATION FOR ADMISSION AS AUDITOR

Name _____
(last name) (first name) (other)

Home Address _____

Telephone # _____ Email _____

Date of birth _____ Place _____ Nationality _____

Marital Status _____ Spouse's name (if applicable) _____

Home Church _____

Elementary Education (list schools attended) _____

Secondary Education (list schools attended) _____

Post-Secondary Education (list Colleges/Universities attended) _____

Degrees/certificates obtained (if any) _____

CRTS course(s) which you wish to audit _____

Date _____

Signature _____

This form should be submitted to the Registrar of the Seminary. The Registrar reserves the right to request more information.