



CANADIAN REFORMED THEOLOGICAL SEMINARY

110 West 27th St.
Hamilton, ON L9C 5A1
Phone: 905 575 3688
www.canadianreformedseminary.ca

APPLICATION FOR ADMISSION AS PART-TIME AUDITOR

Name _____
(surname) (first name) (other)

Home Address _____

Telephone # / e-mail _____

Name and address of parents _____

Date of birth _____ Place _____ Nationality _____

Marital Status _____ Home Church _____

Secondary Education (list schools attended) _____

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

Degrees/certificates obtained (if any) _____

Required documents:

This form should be returned to the Registrar's office of CRTS together with a brief letter explaining why the applicant wishes to audit a course or courses. The Registrar reserves the right to request more information.

Date _____

Signature _____