

HAMLIN
UNIVERSITY
School of Business

Audit Application

For students not currently admitted to a Hamline University degree program

REGISTRATION INSTRUCTIONS:

1. Fill out and return this form with audit fee.
2. You will be notified of space availability one week before the term begins.

Name _____ SSN _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Email Address _____

Home Phone _____ Business Phone _____

Registration Term: Fall Spring Summer Year _____

Have you taken a class at Hamline? No Yes

If so, when and what program? _____

Your Undergraduate Degree Institution(s)

<i>Name of Institution</i>	<i>City & State</i>	<i>Degree</i>	<i>Dates of Attendance</i>
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

If space is available, register me in the following course(s):

<i>Number</i>	<i>CRN</i>	<i>Course Title</i>
GPA - _____ - _____	_____	_____
GPA - _____ - _____	_____	_____
GPA - _____ - _____	_____	_____

Check for \$ _____ **is enclosed**, payable to Hamline University.

Charge \$ _____ to my Visa MasterCard Discover American Express

Expiration Date ___ / ___ Credit Card Number _____ - _____ - _____ - _____

Signature _____ Date _____

Please return this completed form to: Hamline University School of Business MS-A1750. 1536 Hewitt Avenue, Saint Paul, MN 55104-1284; or fax to: (651) 523-3098.