THEOLOGICAL COLLEGE OF THE CANADIAN REFORMED CHURCHES
110 WEST 27th STREET, HAMILTON, ONTARIO CANADA L9C 5A1
TELEPHONE 905-575-3688 FAX (905) 575-0799

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 _____

Elementary Education (list schools attended) _____

Secondary Education (list schools attended) _____

_____

Post-Secondary Education (list Colleges attended) _____

_____

Degrees/certificates obtained (if any)_____

Required documents:

This form should be returned to the Registrar of the College together with a brief letter explaining why the applicant wishes to audit a course or courses.

Date _____ Signature _____