

PETITION TO AUDIT (Regular and Special Status)

EZ FORM

Level One



2302 SW 3rd St, Ankeny, IA 50023 ▪ Tel: (515) 289-9200 ▪ Fax: (515) 289-9201 ▪ www.inste.edu

PERSONAL INFORMATION

Given the nature of the INSTE courses, we strongly discourage auditing. However, under certain circumstances permission will be granted to include one auditor per group.<sup>1</sup>

Last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

- Regular Audit
Special Audit\* (14 or 15 years of age) Date of birth \_\_\_\_\_

\* NOTE: A parent or guardian must sign the permission declaration on the back of this request for special audit status.

The audit fee (equal to one-half tuition for the course) gives the auditor the right to attend the class and participate, but not take any exams (SEE EXCEPTION BELOW) or receive credit.

The person who wishes to audit will sign and date the following statement:

I promise to do all the assignments in (course) \_\_\_\_\_ However, I will not receive credit for the course, nor will I take any of the tests<sup>2</sup>. My name will appear on the record of attendance and exams ONLY AS AN AUDITOR, although I will be allowed to participate in the group discussions.

signature \_\_\_\_\_ date \_\_\_\_\_

1 Exception is made for special auditors in INSTE Youth.
2 Special auditors in the INSTE Youth program are required to take all lesson and final exams. However, their final exams will not be recorded as credit-bearing.

\*Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Church ID# \_\_\_\_\_ MM/DD/YYYY

(\*If this is your first course in INSTE, this number will be assigned to you. Use this number on all subsequent applications/ enrollments.)

Church name \_\_\_\_\_ (Church at which you will be studying.)

City \_\_\_\_\_ ST \_\_\_\_\_

Your group leader \_\_\_\_\_

Course Information - Check the Course you wish to audit:

- DISCIPLESHIP 1 No credit hours
DISCIPLESHIP 2 No credit hours
OLD TESTAMENT No credit hours
NEW TESTAMENT No credit hours

Costs for this course PAYMENT IS DUE IN FULL AT TIME OF APPLICATION

One-half of the cost of tuition \$19
INSTE Book \$30
Shipping and Handling Fee \$9
TOTAL COST FOR THIS COURSE as an auditor \$58

APPLICANT: THE FOLLOWING MUST BE SIGNED EACH COURSE

RECEIPT Date \_\_\_\_\_

Received from or for \_\_\_\_\_ for am't of \$ \_\_\_\_\_ (student name) (full am't)

In full payment for enrollment in the course listed above.

- I have read the information on the back of this sheet. I understand my rights and obligations.
I have received a copy of this receipt as proof of payment.

Group leader's signature \_\_\_\_\_ Auditor's signature \_\_\_\_\_

Who is paying? Student \$ \_\_\_\_\_ Church \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

If the church/other is paying for the course, write name of the church/other person here: \_\_\_\_\_

