**APPLICATION TO AUDIT LECTURES**

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| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Phone: |  |
| Lecture/Course for which you are requesting auditing access: |  |
| Name of Tutor: |  |
| Number of hours of lectures: |  |
| Reason for wanting to audit this lecture/course of lectures: |  |
| Short description of previous theology study/training: |  |
| Auditing category (please circle): | a | b | c | d | e | f |

I understand that auditing rights consist of attending and hearing lectures. I understand that no other teaching, help, support, or access is contained within these rights. I agree to pay fees before the auditing can begin.

Signed:

Date:

*Please return to the Academic Office via* *academic.office@wycliffe.ox.ac.uk* *at least three weeks before the start of the first lecture.*