**APPLICATION TO AUDIT LECTURES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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*](mailto:academic.office@wycliffe.ox.ac.uk) *at least three weeks before the start of the first lecture.*