



Destiny & Dominion Bible Training Center Application to Audit a Credit Course

Tel: 416-782-4673 (HOPE) Ext. 303 / Fax: 416-782-5392

Student Name:	
Student Email:	
Student Phone Number:	

Name of Course to be Audited:	
Name of Certificate Program: (e.g. Certificate of Theology)	
Year of Course to be Audited: (e.g. Year 1, Year 2 or Year 3)	

Student Declaration:

I request permission to participate in the course listed above as an audit student. I understand that I will not receive a credit grade for this course. I understand that auditing this course does not count towards the completion of a certificate. I also acknowledge that I have read and understand the policy regarding course auditing as outlined in the Destiny & Dominion Bible Training Center Handbook.

I have read and understood the above and also understand that I am responsible for the full payment of fees for auditing this course.

Student Signature:	Date:
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Approvals:

Dean/Academic Administrator Signature:	Date:
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