

Shasta Bible College & Graduate School

Class Audit Form



Name _____

E-mail _____

Home Ph _____ Cell Ph _____

Address _____

City _____ Zip Code _____

Term _____

Audit Fee of \$150 per class. Payment can be made by cash or check; or by using a credit/debit card through the Business Office.

Class #	Class Title	Audit Fee
		\$150
Total:		

For Office Use Only:	
Payment Received By:	Date: