



AC

Alphacrucis
College

Please complete this form and return to the Registrar at
PO Box 12747, Penrose, Auckland, New Zealand or
email to registrar@acnz.ac.nz

AUDIT FORM

PERSONAL DETAILS

Title: Ms Miss Mrs Mr Dr Pastor
 Other
Student Number (if applicable): _____
First Name: _____
Middle Name/s: _____
Family Name: _____
Date of Birth: ____ / ____ / ____
Country of Birth: _____

CONTACT DETAILS

Home Ph: (____) _____
Mobile Ph: (____) _____
Email: _____
Postal Address: _____

City: _____
Country: _____ Postcode: _____

EMERGENCY CONTACT DETAILS

Title: Ms Miss Mrs Mr Dr Pastor
 Other
First Name: _____
Family Name: _____
Home Ph: (____) _____
Mobile Ph: (____) _____
Email: _____
Postal Address: _____

City: _____
Country: _____ Postcode: _____

MARKETING INFORMATION

How did you find out about Alphacrucis?
 Church
 Conference (which): _____
 Previously studied with AC
 Friend/Pastor/Word of Mouth
 International Agent
 Other

PAPER SELECTION

Paper Code (e.g. THE101): _____ Paper Title: _____

Please note: there is no Audit option for online papers nor is moodle access available. (Auditing is defined as attending classes with no obligation to participate in the assessment).

PAYMENT (please see Fee Schedule for costs)

I am paying by: Cash Cheque Bank Transfer

STUDENT SIGNATURE: _____ DATE: ____ / ____ / ____