



## Alumni Free Audit Registration/Tuition Discount Application

One free course audit per academic year is available to any AGTS graduate alumni in any resident course in Springfield or any other extension site participating in the alumni scholarship program.

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Work/Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

Course Letters	Course Number	Section	Course Title	Instructor

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Instructor's Signature** **Date**

**Return this form by fax, mail, or scanning and e-mailing to:**

Registrar's Office  
 1435 North Glenstone Ave.  
 Springfield, MO 65802  
 417-268-1025  
 417-268-1030(fax)  
[registrar@agts.edu](mailto:registrar@agts.edu)

**Registrar's Office Use Only:**

Date received: \_\_\_\_\_ Date registered: \_\_\_\_\_ Initials: \_\_\_\_\_

**Business Office Use Only:**

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Account Number: \_\_\_\_\_ Initials: \_\_\_\_\_