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| The Grove Theological School200 Sims ParkwayHarrisburg, NC 28075**COURSE REGISTRATION REQUEST FORM** |  |

**The purpose of this form is to allow students to add/drop courses. In some instances, the student will meet to obtain approval in order to enroll.**

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| PERSONAL INFORMATION |
| Last Name: |  | First Name: |  | Date: |  |
| Semester: |  |
| Student’s Signature |  |
| Contact Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Course information** | **Instructor’s Signature** |
| ADD | DROP | Course Name |  |
|  |   |  |  |
|  |  |  |  |
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**The following signatures (and reasons) are REQUIRED ONLY IF BEYOND THE DROP/ADD PERIOD**

REASON FOR LATE ADD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LATE DROP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_