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| The Grove Theological School  200 Sims Parkway  Harrisburg, 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: |  | | | | |

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| **Course information** | | | **Instructor’s Signature** |
| A  D  D | D  R  O  P | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_