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| * The Grove Theological School

200 Sims ParkwayHarrisburg, NC 28075**COURSE REGISTRATION REQUEST FORM** |  |

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| PERSONAL INFORMATION |
| Last Name: |  | First Name: |  | Date: |  |
| Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Contact Number: |  |
| Email: |  |

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| **Course information** |
| Course Name: |  |
| Instructor’s Name: |   |
| Semester: |  |
| Payment Details: | Ο Cash Ο Check  |
| Amount Paid: |  |
| Comments: |  |
| Student’s Signature: |  |
| Validated By: |  |