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