

## Permission to Review a Course

Certificate in (	Christian Ministry o	or Diploma/Adv. C	ertificate Program St	tudent ID#:		
Full Name:						
	Last	First		Middle		
Current Address	:					
	Number	Street	City	State	Zip	
Phone Number:	Primary:		Secondary:	Secondary:		
Email Address: _			Dat	Date of birth:		
	above information ha					
CHURCH INFC	<b>DRMATION</b> (Please	check this box if y	ou are an ONLINE student	: □)		
Church ID#:	Chu	urch Name:				
	(Church at which you will be studying)					
City:		State:	Group Leader:			
Course name:			Course ID#:			

In accordance with the policy for reviewing a course, an INSTE student may review a course previously studied without cost provided there is room in the group. When there is an insufficient number of students to begin a group, reviews may be added to form a group.

The student who wishes to review a course must sign the following:

"I promise to faithfully review the course written above and attend all the group meetings.

As I have already taken the course, I will participate in the group meetings and encourage the other members of the group. I will benefit from this review of what I have previously studied, knowing that the Word of God is alive and effective to contribute to my spiritual life and ministry. As a member of the group, I will support the group leader."

## **STUDENT SIGNATURE**

The group leader must also sign in agreement to the following:

"I welcome the above named previous student or graduate to the group. He/she will not help lead the group unless he/she is a certified group leader. However, I know that this previous student or graduate will be a blessing to the group. I approve of his/her presence in the group."

## **GROUP LEADER SIGNATURE**

Send this form to the INSTE office with the Book Order Form for your group.

This form will be filed with the information for the group.

DATE

DATE