• 2559 E Euclid Ave • Des Moines, Iowa 50317

• Telephone: (515) 289-9200 • Fax: (515) 289-9201 • Email: inste@inste.org



Permission to Review a Course

Certificate in Chris	stian Ministry	or Diploma/Adv. (Certificate Program	Student ID#:	
Full Name:					
Last		First		Middle	
Current Address:					
	Number	Street	City	State	Zip
Phone Number: Prin	nary:		Secondary.	·	
Email Address:				Date of birth:	
Check here if the abov	ve information ha	ıs changed since last s	semester: 🗆		
	•		you are an ONLINE stud	•	
Church ID#:	Ch	urch Name:	at which you will be studying)		
6 11		•	, , , , , , , , , , , , , , , , , , , ,		
			Group Leade		
Course name:			Course ID#: _		
As I have alre the group. I v	o faithfully review eady taken the co will benefit from	the course written a ourse, I will participat this review of what I	llowing: bove and attend all the grou e in the group meetings and have previously studied, kno ministry. As a member of the	encourage the other wing that the Word (of God is alive
STU	DENT SIGNATUR	E		D	ATE
The group leader mus	t also sign in agr	eement to the followi	ing:		
unless he/sh	e is a certified gr		graduate to the group. He/sh I know that this previous stugroup."	•	
GRC	OUP LEADER SIGI	NATURE		Di	ATE

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.