

## Permission to Review a Course

Digital Course Program

Student ID#: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number: *Primary:* \_\_\_\_\_ *Secondary:* \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*Check here if the above information has changed since last semester:*

### CHURCH INFORMATION

Church ID#: \_\_\_\_\_ Church Name: \_\_\_\_\_  
(Church at which you will be studying)

City: \_\_\_\_\_ State: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Course name: \_\_\_\_\_ Course ID#: \_\_\_\_\_

As the Digital Courses use an online interactive textbook, not the print copy the student previously used, the Review student will need to pay for the Digital Book (\$35) to review a Digital Course. The student will not receive credit for the Digital Courses or Special Recognition upon completion.

*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**

**DATE**

*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**

**DATE**

The review fee for Digital Courses is \$35 per student.

Credit Card  Money Order # \_\_\_\_\_  Check # \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp. Date ___/___/___ CVS _____ Number: _____ - _____ - _____ - _____ Print Name: _____	Billing Address: _____ City, State, Zip: _____ Authorized Signature: _____
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**For Office Use Only**

Sent:	Invoice#	Dated:	AMT\$
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