

**Semester:** 

## Grace **Evangelical SEMINARY**

502 Odlin Road, Bangor, ME 04401

## **COURSE REGISTRATION FORM**

Year:

Student Name:		Advisor:			
comp the s	pleted and signed, semester, a studen	please submit to that may add/drop cla	ne Registrar to sign up f	or your classes. Dur l out an Add/Drop F	ogram. Once this form is ing the first two weeks of orm and submit it to the for further information.
	Course Number	: Course Name:		Instructor:	
1.					
2.					
3.					
4.					
5.					
PLEASE INDICATE DEGREE PROGRAM					
GRADUATE LEVEL		Master of Arts	Master of Ministry	Master of Divinity	Undecided (for credit)
UNDERGRADUATE LEVEL		Bachelor of Arts	Associate of Arts in Christian Studies	Certificate of Christian Studies	Undecided (for credit)
Audit		(not for credit)			
Student Signature:				Date:	
Advisor Signature:				Date:	