



*Permission to REVIEW a Course*

First and Last Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Level  One  Two

The person who wishes to REVIEW a course must complete and sign the following:

---

“I promise to faithfully review \_\_\_\_\_, and attend all the group meetings.  
(course)

As a graduate, 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.

\_\_\_\_\_ date

\_\_\_\_\_ address city ST Zip

**Group Leader:** “I welcome the above named 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 graduate will be a blessing to the group. I approve of his/her presence in the group.”

\_\_\_\_\_ Church ID # \_\_\_\_\_  
Group Leader

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

---

This form will be filed in the INSTE office with the information for this group.