



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.

signature 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.