



Southern Reformed Theological Seminary
 4740 Dacoma St., Suite H
 Houston, TX 77092
 (713) 467-4501
www.srsem.org

Course Add/Drop Form

Student Information

Name: _____
First Name Last Name

Term: Fall Winter Spring Summer Year: _____ Level: Cert AA
 BA MDiv Special

Student's Signature: _____ Date: _____

Course No:	Course Name:	Instructor's Name:	Day/Hour	Instructor's Signature

Reason for dropping:

- A grade of W will be recorded for the course on this form IF the drop is done on or before the Course Drop deadline. After this date, we recommend that you talk with your instructor regarding your reason for dropping. The instructor will contact the Academic Office with your final grade.
- Return Completed form to the school office or srtcshouston@gmail.com by the Course Drop Deadline.

CAO - Chief Academic Officer	Signature: _____	Date: _____
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