



**Southern Reformed Theological Seminary**  
26111 Beckendorff Road  
Katy, TX 77493  
[www.srsem.org](http://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](mailto:srtcshouston@gmail.com) by the Course Drop Deadline.

CAO - Chief Academic Officer	Signature:	Date:
------------------------------	------------	-------