



Community of Christ Seminary
 Graceland University
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CHANGE OF REGISTRATION FORM

Student Name	Student ID NO	Program (please circle)	Date	Session
		MAR MACM		

ADD	Course Number	Course Title	S.H.	Instructor
DROP	Course Number	Course Title	S.H.	Instructor

Obtain signatures from instructor and advisor and return completed form to Seminary Administrative Office.

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 Instructor's signature

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 Dated

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 Advisor's signature

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 Dated