

**PERKINS SCHOOL OF THEOLOGY**  
Continuing Education Course Request Form

SMU ID # \_\_\_\_\_ Social Security# \_\_\_\_\_ Term: **January 2012**

Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_

Wk phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Male/Female: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

**Track you are registering for:**

Paraprofessional (non-degree) \_\_\_\_\_

Professional (degree) \_\_\_\_\_

Is this your first certification course at Perkins? Yes or No \_\_\_\_\_

If you are a returning certification student, when did you last attend a certification course at Perkins? mm/yy \_\_\_\_\_

Have you ever attended SMU/Perkins other than for certification? Yes or No \_\_\_\_\_ If yes: \_\_\_\_\_

Dates and Degree if applicable

Last Institution you attended: \_\_\_\_\_ Name of School City and State

**Transcript (professional students only):**  
\_\_\_\_\_ Requested \_\_\_\_\_ On File

**Courses: check one course below**

X	Number	Section	Course Title	Instructor	Hours
	<b>CC 6202</b>	<b>001</b>	<b>Teaching Biblical Faith</b>	<b>Harrison</b>	<b>2</b>

Registration for certification courses on the **professional track** requires an earned bachelor's degree as a prerequisite and an official undergraduate transcript on file with the Office of Continuing Education at Perkins. If you are a new student, please request from your undergraduate school that an official transcript be sent to:

Office of Advanced Ministerial Studies  
PO Box 750133  
Dallas, TX 75275-0133

I understand that this is an official enrollment. I agree to notify the Office of Advanced Ministerial Studies in writing if I decide to cancel my enrollment for the term indicated.

For Continuing Education Students only: I hereby authorize Perkins School of Theology to request, on my behalf, the release of my SMU transcript to the United Methodist Board of Ordained Ministry that I have satisfactorily completed the above courses.

Student Signature: \_\_\_\_\_ Dated: \_\_\_\_\_