2014 Perkins School of Theology Course of Study School • Course Registration and Housing Form

Discount registration deadline: **April 15, 2014** Registration closes: **June 13, 2014**

Please take care to complete *all four pages* of this form (pp 15-18), *printing or typing your information*. Persons **cannot** be considered registered until all information is supplied, required signatures are obtained, and all appropriate fees are received either by April 15 for the discounted registration or by June 13. Return your Release of Liability Form (Form B, page 19) along with this application. A picture of yourself is also required.

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_____ _____ _____
Last name *First name* *Middle name*

SMU ID: _____ or SSN: _____ — _____ — _____ Date of birth _____

_____ _____ _____
Home address *City/State* *Zip*

❑ Preferred name for name tag _____

❑ I am **enclosing** a picture of myself (3″ x 4″ head and shoulders shot - see page 10).

❑ I am **emailing** a picture of myself (3″ x 4″ head and shoulders shot to COSS@smu.edu - see page 10)

❑ My photo is on file with the COSS office.

_____ _____ _____
Home phone (include area code) Work phone (include area code) Cell phone (include area code)

_____ _____
Annual Conference Ethnicity (required)

Email address _____ Alt. email address _____

Emergency contact (name and phone): _____
Name *Phone*

Is this your first time attending the Perkins regional Course of Study School? ..... ❑ Yes ❑ No

Will you complete your Basic 20 courses this summer? ..... ❑ Yes ❑ No

[*Please include the graduation application fee with your registration.*]

Name preferred on certificate if you are graduating: _____

Position: ❑ Full-time Local Pastor ❑ Part-time Local Pastor ❑ Student Local Pastor ❑ Associate Member ❑ Provisional Member

I have received: ❑ High school diploma ❑ GED

I have completed:

❑ Some undergraduate work (*list school and hours completed*)

School: _____ Hours: _____

❑ Undergraduate degree from (*school*): _____

❑ Some graduate work (*list school and hours completed*)

School: _____ Hours: _____

❑ Graduate degree from (*school*): _____

❑ Some seminary work (*list school and hours completed*)

School: _____ Hours: _____

❑ Seminary degree from (*school*): _____

— PLEASE COMPLETE ALL 4 PAGES AND MAKE A PHOTOCOPY FOR YOUR RECORDS —

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Classes requested (*students may register for up to two courses per session*) – please indicate course number, title, period, time and professor's name for your first choice and an alternate for each course. Remember, courses should be taken in sequence (see page 7).

• SESSION 1 •				
Preference	**Course #**	**Title**	**Period**	**Time**
#1				
Professor				
Alternate				
Professor				
#2				
Professor				
Alternate				
Professor				

• SESSION 2 •				
Preference	**Course #**	**Title**	**Period**	**Time**
#1				
Professor				
Alternate				
Professor				
#2				
Professor				
Alternate				
Professor				

After obtaining all required signatures, ***send all 4 pages of the Registration Form A and Release of Liability Form B with fees to*****:**

Course of Study School
PO Box 750133
Dallas, TX 75275-0133

OFFICE USE ONLY Date registration received_____

Check # _____ Amount _____ Grad fee _____

Fees due_____ Balance due _____

❑ ROL Received _____ ❑ Hold _____

— PLEASE COMPLETE ALL 4 PAGES AND MAKE A PHOTOCOPY FOR YOUR RECORDS —

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HOUSING (4-part form–all 4 pages must be submitted)

CAMPUS HOUSING INFORMATION

❑ I **will** need campus housing for: ❑ First Session (A) ❑ Second Session (B) ❑ Both Sessions (C)

❑ **I understand that all COSS students will be assigned to double rooms at this time.**
[Note: Single Rooms—SMU has informed us that, due to renovations, single rooms are not available until further notice.]

I am: ❑ Male ❑ Female

❑ I require handicapped-accessible accommodations (Please attach appropriate documentation addressing medical conditions which require special housing).

Please list any physical or dietary restrictions that will require special accommodation in classrooms, residence halls or dining halls while at the Course of Study School. These accommodations are all double occupancy until further notice:

_____

❑ Yes, I use a CPAP machine.

Roommate Request (every effort is made to honor roommate requests; however, they cannot be guaranteed). Requests must be made by both parties and can only be accommodated between students registered for identical sessions as checked above. _____

I am a: ❑ smoker ❑ nonsmoker

Smoking is not allowed in SMU buildings, however, because of personal preferences, smokers are not roomed with non-smokers when space allows.

OFF-CAMPUS HOUSING INFORMATION

❑ I will **not** need campus housing or meals.

❑ I will be living off campus but would like a meal card.

Please provide contact information where you may be reached during Course of Study if you are not staying on campus:

Street address _____ Phone _____

City _____ Zip _____

VEHICLE INFORMATION AND DESCRIPTION

❑ I will **not** have a car on campus.

❑ I will have a car on campus and will need a parking pass.

_____
License plate number State Year Make Model Color

[Note: Before parking passes are issued, we must have your license plate number and cell phone number. COSS is not responsible for any parking tickets incurred.] Lost or extra parking passes are supplied at $8 each.

OPENING DINNER

Yes, I will be attending the opening dinner for incoming students on: ❑ July 6 or ❑ July 20 ❑ Not attending

❑ I need a vegetarian plate ❑ Dietary restrictions: _____

DIRECTORY

❑ Include my contact information in the annual directory.

— FINAL REGISTRATION DEADLINE IS JUNE 13 —

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(4-part form–all 4 pages must be submitted) — Student, please fill out this information!

APPOINTMENTS/ASSIGNMENTS

Church(es) _____ District _____

Church address(es) _____

City/State/Zip _____ Church phone(s) _____

DISTRICT SUPERINTENDENT (name): _____

Address _____ C/S/Z _____

Phone _____ Email _____

CONFERENCE REGISTRAR FOR LOCAL PASTORS (name): _____

Address _____ C/S/Z _____

Phone _____ Email _____

MENTOR (name): _____

Address _____ C/S/Z _____

Phone _____ Email _____

Are you currently under appointment? ❑ Yes ❑ No

Have you completed licensing school? ❑ Yes ❑ No

Are you certified as a candidate for local pastor ministry? ❑ Yes ❑ No

Have you completed the Tests of Adult Basic Education (TABE) or equivalent? ❑ Yes ❑ No

Have you taken any courses at a Regional or Extension School (other than Perkins)? ❑ Yes ❑ No

Have you taken graduate courses that have been evaluated by GBHEM for COS credit? ❑ Yes ❑ No

If *"Yes" to either of the above two questions*, include your up-to-date transcript from GBHEM. Contact them at 615.340.7416 or cosregistrar@gbhem.org.

❑ By checking this box, I affirm that I have read the Course of Study School policies concerning racial and sexual harrassment (see policies online at http://www.smu.edu/Perkins/PublicPrograms/COSS or request a copy from Rebecca Payan at COSS@smu.edu.

❑ By checking this box, I affirm that all information provided on this form is true and accurate to the best of my knowledge. I understand that I will be responsible for any outstanding balances for courses, room and board that are not covered by my Conference or Perkins School of Theology. I understand that I am not registered for Course of Study unless this form and the liability form are complete with all required signatures and received by the Course of Study School office with appropriate remittance. I further understand that I will not be allowed to attend classes if registration materials and pre-class assignments are not appropriately completed and submitted by the stated deadlines and that I and/or my Conference will remain responsible for any and all costs pertaining to my registration. I understand that I am responsible for securing my own housing if arrangements have not been made with Perkins School of Theology by June 13, 2014. I authorize Perkins School of Theology to submit a transcript of my course work and reading test results to my District Superintendent, Conference Board of Ordained Ministry, and the General Board of Higher Education and Ministry of The United Methodist Church. I also grant permission to Southern Methodist University and its employees to publish my photograph and contact information in print or electronic format in conjunction with the operation and promotion of SMU programs.

Discount registration fee ..... ($120 per course by April 15) _____

Registration fee ..... ($145 per course after April 15) _____

Community life fee (**required**) ($60 per session) _____

Housing/meal fee ..... (see page 11) _____

Commuter meal fee ..... (see page 11) _____

Graduation application ..... ($35) _____

Conference contribution..... _____

Total enclosed _____

Make checks payable to "Perkins School of Theology." All fees must be paid at the time of registration unless conference agrees to be billed. Credit cards not accepted.

Required signatures:

_____
Print student name

_____
Student signature Date

_____
District Superintendent signature Date
(Please fill out the amount of conference contribution at left.)

_____
Registrar for Local Pastor's signature Date
(Please fill out the amount of conference contribution at left.)

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— FINAL REGISTRATION DEADLINE IS JUNE 13 —