Southern Methodist University

PERKINS SCHOOL OF THEOLOGY

Continuing Education Course Request Form

SMU ID # _____ Social Security# _____ Term: **January 2016**

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 UM certification course at Perkins? Yes or No _____

If yes, have you submitted the Certification Enrollment form to GBHEM? _____

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
☐	**CC 6220**	**001**	**Ministry with Youth**	**Parker**	**2**

This form is due by December 4, 2015. 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:

Perkins School of Theology
Attn: Tonya Burton
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. If I do not cancel my enrollment prior to January 4, 2016 or do not pass the certification course, I am responsible for the full amount of tuition and forfeit the $400.00 GBHEM scholarship that would have been paid on my behalf after successful completion of this course. I understand that I will be responsible for this $400.00 balance along with my initial tuition payment.

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: _____