

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:

Is this your first UM certification course at Perkins? Yes or No _____

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

Paraprofessional (non-degree) _____

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

Professional (degree) _____

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
	CC 6202	001	Teaching Biblical Faith	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 External Programs 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 External Programs 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: _____