

PERKINS SCHOOL OF THEOLOGY
STUDENT COURSE REQUEST

SMU ID# _____ SMU Email _____ Other email _____

NAME _____ Spouse _____
Last First Middle Name

Local Address _____ Home ph. _____
street city state zip

Perm. Address _____ Work ph. _____
street city state zip Cell ph. _____

Denomination _____ Annual Conf.(UMC) _____ Expected Grad. Date _____
month year

Degree: • M.Div. • C.M.M. • M.S.M. • M.T.S. • None UMC Deacon Track ☐

Certificate Programs: ☐ Hispanic Studies ☐ Urban Ministry ☐ Women's Studies
☐ African American Studies ☐ Pastoral Care ☐ Anglican Studies

U.S. Citizens and Permanent Residents ONLY:

Check your racial/ethnic category ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander ☐ Black, Non-Hispanic ☐ Hispanic ☐ White, Non-Hispanic
List your country of citizenship if not U.S. _____

Non-Immigrants ONLY: List your visa status and your country of citizenship _____

Check	Catalog Number	Crs#	Course Title	Instructor	Hours
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Dallas					
	CA 7013-0011	2395	United Methodist Polity	Whitfield	1.5
	ST 7034-0011	2392	United Methodist Doctrine	Baker-Fletcher	1.5
	HX 7365-0011	2390	United Methodist History	Flores	3.0
	GR 7300-0011	2391	Greek I	Smith	3.0
	GR 7301-0011	2394	Greek II	Smith	3.0
	TC 8310-0011	2393	Theology, Religion, and Cultural Studies	Bloesch	3.0
	WX 8328-0011	2396	Theological Issues in World Christianity	Cardoza-Orlandi	3.0
Off Campus					
	XS 8321-0011	2400	Witness and Ministry in Global Context	Parker	3.0
	XS 8321-0021	2401	Witness and Ministry in Global Context	Hawn/Miller	3.0
	PC 7639-0011	2399	Clinical Pastoral Education	Varies	6.0
	CA 7013-6512	2397	United Methodist Polity	Temple	1.5
	ST 7034-6512	2398	United Methodist Doctrine	Temple	1.5
				TOTAL HRS	

Advisor Signature _____ DATE _____

I understand that this is an official registration. I agree to notify the Office of the Perkins Registrar in writing if I decide to cancel my registration for the term indicated.

Student Signature _____ DATE _____