PERKINS SCHOOL OF THEOLOGY
HOUSTON-GALVESTON CAMPUS

STUDENT COURSE REQUEST FALL TERM, 2014

SMU ID#_____ SMU email address _____ Other email _____

NAME _____ Work phone _____
Last First Middle

Address _____ Home phone _____
street

_____ Cell phone _____
city state zip

Degree: • M.Div. • M.A.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

Denomination _____Annual Conf.(UMC) _____Expected Grad. Date _____
month year

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 _____

COURSE REQUESTS: Please use this form to register for **Houston AND Dallas** fall courses.

Check	Catalog Number/Sec	Course #	Class	Instructor	Term hours
	HX 6305-651	6308	The Christian Heritage I	Lee	3.0
	OT 6301-651	6303	Interpretation of the Old Testament I	Heller	3.0
	ST 6301-651	6316	Interpretation of the Christian Message I	Baker-Fletcher	3.0
	WO 6313-651	6334	Introduction to Christian Worship	Hawn/Miller	3.0
	XX 6003-651	6340	Spiritual Formation I	Staff	0
	XX 8600-651	6344	Full-time Internship	Staff	6.0
	XX 8610-651	6346	Concurrent Internship *cancelled*	Staff	6.0
			Total term hours		

Advisor Signature _____ DATE _____

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

Student Signature _____ DATE _____