PERKINS SCHOOL OF THEOLOGY
HOUSTON-GALVESTON CAMPUS

STUDENT COURSE REQUEST SPRING TERM, 2014

SMU ID#_____ SMU email address _____ Other email _____

NAME _____ Spouse _____
Last First Middle Name

Address _____ Work phone _____
street

_____ Home phone _____
city state zip

Cell phone _____

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

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
	CE 8301-651	6262	Teaching the Bible in the Local Church	Johnson	3.0
	MT 6303-651	6245	Moral Theology	Walker	3.0
	NT 6302-651	6236	Interpretation of the New Testament II	Wan	3.0
	ST 6300-651	6247	Introduction to Theology	Marandiuc	3.0
	XX 6104-651	6286	Spiritual Formation II	Staff	1.0
	XX 8366-651	6288	CMM Internship	Spann	6.0
	XX 8601-651	6292	Full-time Internship	Spann	6.0
	XX 8611-651	6295	Concurrent Internship	Spann	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 _____