PERKINS SCHOOL OF THEOLOGY
STUDENT COURSE REQUEST

SMU ID#_____ SMU Email _____ Term _____, 20___

NAME _____ Spouse _____
Last First Middle Name

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

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. You may check more than one.
☐ 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:

Catalog Number	Crse #	Course Title	Instructor	Days/Time	Hours
				Total Hours	

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 _____