

APPLICATION FOR ADVANCED STUDIES COURSE OF STUDY SCHOOL

COURSE OF STUDY SCHOOL

Perkins School of Theology Southern Methodist University
PO Box 750133 Dallas, TX 75275-0133 214.768.2265 coss@smu.edu

Name.		SMU ID #					
Home Mailing Address	Street			City	State	Zip C	ode
Email address				PID#			
District	Annual Conference						
Have Degree degree. # credit hours ear	ee(s) from rned so far:		C	r I am workin	g toward		
I am registering for (One	class per registr	ration) Ter	m (Fall, Inte	erterm, Spring,	Summer):	Yea	r:
Title of Course	Credit hour equivalent		Professor		Campus		Date
Other required signature	es for approval	: Signatur	e		Date		I
Academic Dean, Perkins School of Theology; Director, Perkins Course of Study Course Instructor							
District Superintendent (pri	inted name)			Local Pastor	Registrar (print	ed name)	
District Superintendent signature			Date	Local Pastor	Local Pastor Registrar signature Date		
Email address and telephone numbers				Email address and telephone numbers			
Mailing address				Mailing address			

COMMENTS:



FORMAL TRANSCRIPT RECEIVED:		
Official transcript of at least 90 hours of undergraduate work must UPON COMPLETION OF THIS FORM, OBTAIN SIGNATURES FRO YOUR ANNUAL CONFERENCE BOARD OF MINISTRY. AFTER TIFORM TO coss@smu.edu	OM YOUR DISTRICT SUPERINTENDENT	
REGISTRATION FEE is \$800.00 per course. Please make check or money order payable to Cours listed below. The registration fee will be refunded minimum of seven days before the beginning of tooss@smu.edu for a payment link.	e of Study School and mail the p l if a written cancellation is rec he session. To make a payment	ayment to the address reived in our office a online, please contact
Mail payment and form to: Course of Study School F Kirby Hall, Dallas, TX 75275-0133 - phone 214.768.	2222	P O Box 750133
DATE REGISTRATION RECEIVED	CHECK #	AMOUNT \$
Rev. 2024		