



PERKINS REGIONAL COURSE OF STUDY SCHOOL  
 P.O. BOX 750133  
 DALLAS TX 75275-0133

**REQUIRED SIGNATURES PAGE**  
**2021-2022**

Please submit this form via e-mail in order to complete your registration. All required signatures must be obtained, or your registration will not be complete.

E-mail the form to [coss@smu.edu](mailto:coss@smu.edu) or if you prefer to mail a paper copy, send the completed form to:

Perkins Regional Course of Study School  
 PO Box 750133  
 Dallas, TX 75275-0133

Student Name: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Annual Conference: \_\_\_\_\_ District: \_\_\_\_\_ Church: \_\_\_\_\_

Appointment Status (full time/part time/no appointment) \_\_\_\_\_

**List the Course(s) you are enrolling in (include number and course title):**

Course Number	Course Title
1.	
2.	

By checking this box, I affirm that all information provided on this form is true and accurate to the best of my knowledge. I understand that I will be responsible for any outstanding balances for courses, fees, housing and meals that are not covered by my annual conference or Perkins Regional Course of Study School. I understand that my registration is not complete until this form is complete with all required signatures and submitted via e-mail or mail by the stated deadline to Perkins Regional Course of Study School. I further understand that I will not be allowed to attend classes if my registration materials and pre-class assignments are not properly completed and submitted by the deadline, and that I and/or my annual conference will remain responsible for any and all costs pertaining to my registration if not cancelled by the deadline. I understand that I am responsible for securing my own housing arrangements if I choose to stay off campus. I authorize Perkins Regional Course of Study School to submit grades of my completed courses to my District Superintendent, Conference Board of Ordained Ministry and the General Board of Higher Education and Ministry of the United Methodist Church.

**Required Signatures:**

District Superintendent \_\_\_\_\_ Email: \_\_\_\_\_

Local Pastor Registrar \_\_\_\_\_ Email: \_\_\_\_\_

Student \_\_\_\_\_

**2021-2022 Fees – Use the following table to calculate your total costs and to calculate what you and/or your conference will cover.**

Required Registration Fee	\$100 per <b>course</b> , non-refundable*	
Course Tuition	\$250.00 per course*	

<b>Total Fees due to Perkins COSS:</b> <b>All fees due before the first day of class.</b>	\$
<b>Conference Contribution of Total Fees (required)</b>	\$
<b>Student Contribution of Total Fees (required)</b>	\$

If you have any questions call us at 214-768-2222 or email [coss@smu.edu](mailto:coss@smu.edu).