

**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

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

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 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 _____