

**PERKINS SCHOOL OF THEOLOGY
HOUSTON-GALVESTON CAMPUS**

STUDENT COURSE REQUEST

FALL TERM, 2011

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
	NT 6301-651	5515	Interpretation of the New Testament I	Clark-Soles	3.0
	ST 6300-651	5535	Introduction to Theology	Bloesch	3.0
	EV 7307-651	5549	Theory and Practice of Evangelism	Heath	3.0
	TC 8360-651	5539	Issues in Science and Theology	Walker	3.0
	XX 6003-651	5566	Spiritual Formation I	Schmidt	0
	XX 8600-651	5569	Full-time Internship	Staff	6.0
	XX 8610-651	5571	Concurrent Internship	Staff	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 _____