

**PERKINS SCHOOL OF THEOLOGY  
STUDENT COURSE REQUEST**

SMU ID# \_\_\_\_\_ SMU Email \_\_\_\_\_ Term \_\_\_\_\_, 20\_\_

NAME \_\_\_\_\_ Work ph. \_\_\_\_\_  
Last First Middle

Local Address \_\_\_\_\_ Home ph. \_\_\_\_\_  
street city state zip

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 \_\_\_\_\_