2016 Fall Registration Form – Greater Kansas City

Course Dates: Oct. 7-8 and Nov. 4-5, 2016
Registration Deadline: July 1, 2016
Advance Assignments Due Aug. 15, 2016

Instructions

1. Please print or type to complete this form.
2. Complete the personal information and enrollment sections.
3. Obtain the required signatures.
4. Enclose the $50 registration fee. The $200 tuition fee is due prior to the first class session.
5. Send to the Saint Paul Course of Study Office.

Personal Information

First name______________________________________________
Preferred name __________________________________________
Last name ______________________________________________
Home phone ____________________________________________
Work phone ____________________________________________
Cell phone _____________________________________________
Email _________________________________________________
Mailing address _________________________________________
City ________________________ State ______ Zip _________
Date of birth __________________________________________
Sex: Female ____ Male ____ Ethnicity(optional): __________
SSN: _________________________________________________
(First Year Student or Student new to Saint Paul)

PID #: _________________________________________________
(Email cosregistrar@gbhem.org if you don’t have your PID)

Professional Information

Annual Conference______________________________________
District _______________________________________________
Are you currently under appointment? _____ Yes _____ No
Check one: Full-time Local Pastor _____
Part-time Local Pastor _____
Name of church(es) you presently serve ___________________
Mentor’s name _________________________________________
Address ______________________________________________
City ________________________ State _____ Zip _________
Years of education you have completed ___________________
Degrees completed ______________________________________
Course of Study work completed
___ Year 1 ___ Year 2 ___ Year 3 ___ Year 4 ___ Year 5
Please list other Course of Study Schools you have attended
_________________________________________________________________________________________
Notify in case of emergency ______________________________
Emergency Phone _______________________________________

Cost and Refunds

Fall and Spring Extended Courses for Part-time Local Pastors
Tuition $200
Non-refundable registration fee $50 per course
Meals $25 per weekend

Please complete this form and keep a copy for your records!
Enrollment: Please check one course in which you would like to enroll for the Fall Session. Please see website for Booklists and Advance Assignments.

Fall 2016 - Greater Kansas City

Fall 2015 Extended Course for Part-time Local Pastors
October 7-8, and November 4-5, 2016

_____ 122 Theological Heritage I: Introduction
_____ 222 Theological Heritage II: Early Church
_____ 322 Theo. Heritage III: Medieval-Reformation
_____ 422 Theo. Heritage IV: Wesleyan Movement
_____ 522 Theology in the Contemporary Church

Assignments for Fall 2016 due August 15, 2016

Yes  No

Registration Enclosed - Check #___________  ____  ____

Signatures

I understand that the Saint Paul Course of Study is a year-round learning experience and that specific books and assignments are required. I understand that my registration is jeopardized if I do not submit my advance assignments on time. I understand that a student is expected to attend every class session, and missing more than 20% may result in loss of credit. I authorize the record of my work at Saint Paul Course of Study School to be reported to my District Superintendent, my conference Board of Ordained Ministry, and the Division of Ordained Ministry in Nashville.

__________________________  ______________________
Student’s signature      Date

To be accepted this form must include the signatures of your District Superintendent and Local Pastor Registrar.

District Superintendent _________________________________  Local Pastor Registrar _________________________________

Address ____________________________________________  Address ____________________________________________

City State Zip _________________________________________  City State Zip _________________________________________

Phone _______________________________________________  Phone _______________________________________________

Email ________________________________________________  Email _______________________________________________

__________________________  ______________________
District Superintendent’s signature      Date

__________________________  ______________________
Local Pastor Registrar’s signature      Date