** 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 at the address listed above.

** Personal Information **

First name______________________________________________
Preferred name__________________________________________
Last name_______________________________________________
Contact phone __________________________________________
Email _________________________________________________
Mailing address _________________________________________
City ________________________ State ______ Zip _________
SSN: _________________________________________________
Date of birth __________________________________________
Sex:  Female ____    Male ____   Ethnicity (optional):  __________
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 ______________________________________
Notify in case of emergency _______________________________
Emergency Phone _______________________________________

** Cost and Refunds – Springfield Saturday School **

<table>
<thead>
<tr>
<th>Courses for Part-time Local Pastors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$200</td>
</tr>
<tr>
<td>Non-refundable registration fee</td>
<td>$50 per course</td>
</tr>
<tr>
<td></td>
<td>$250 per course</td>
</tr>
</tbody>
</table>

*Please complete this form and keep a copy for your records!*
**Enrollment**

Please check the course in each box in which you would like to enroll. Please see the website for the booklist.

___ 422 Theological Heritage IV: Wesleyan Movement

Assignments for this class due August 1, 2016

---

**Location:**

King’s Way United Methodist Church  
2401 South Lone Pine Avenue  
Springfield, MO 65804  
(417) 881-6363

**Format for Saturday School:**

Registration: 8:00am  
Class: 8:30 am – 12:00pm  
Lunch: 12:00pm – 1:00pm  
Class: 1:00pm – 4:30 pm

---

Registration Enclosed - Check #__________  Yes  No

---

**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  
City State Zip  
Phone  
Email

__________________________  __________________________
District Superintendent’s signature  Date

__________________________  __________________________
Local Pastor Registrar’s signature  Date