

OKLAHOMA CITY UNIVERSITY

COURSE OF STUDY SATURDAY SCHOOL OFFERED BY:

Saint Paul School of Theology
4370 W. 109th St., Suite 300, Overland Park, KS 66211
Ph (913) 253-5023 · Fx (913) 253-5075 · cos@spst.edu

**2017 OKLAHOMA CITY REGISTRATION FORM
COURSE OF STUDY SCHOOL**

Spring Registration Deadline: December 17, 2016
Fall Registration Deadline: July 29, 2017

Instructions

1. Please print or type to complete this form.
2. Complete **ALL** sections including YOUR signature on last page.
3. Obtain the required signatures.
4. Enclose or pay online the **\$50 non-refundable registration fee**. The \$200 tuition fee is due **PRIOR** to the first class session.
5. Mail, fax or email to the St Paul Course of Study Office at the address listed above. **Monitor email for enrollment confirmation.**

Personal Information

First name _____

Preferred name _____

Last name _____

Home phone _____

Work phone _____

Cell phone _____

Primary Phone Home Work Cell

Email _____

Mailing address _____

City _____ State _____ Zip _____

Date of birth _____

Sex: Female Male Ethnicity (optional): _____

PID #: _____
(Email cosregistrar@gbhem.org if you don't know your PID)

Check if this is your 1st time registering for classes at Saint Paul.
PID# is REQUIRED on this form if this is your 1st time registering.

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 _____

Education completed: High School Associate Bachelors
 Masters Other _____

Course of Study work completed
 121=111 221=211 321=311 421=411 521=511
 122=112 222=212 322=312 422=412 522=512
 123=213 523=313 223=413 323=314 423=513
 124/113 224=114 324=214 424=414 524=514

Please list other Course of Study Schools you have attended

Do you plan to complete Basic COS this year? Yes No

Notify in case of emergency _____

Relationship to emergency contact _____

Emergency Phone _____

Fall and Spring Extended Courses – OCU

Non-refundable registration fee: \$50 per course
Tuition: \$200 per course
\$250 per course

Student Name _____

Enrollment

Check 1 course in each box in which you would like to enroll; **you can only enroll in four (4) courses total per calendar year.** Please refer to the COS website or Moodle for Advance Assignments and Book Lists.

2017 Spring Session – Oklahoma City University
January 28, February 25 and March 25, 2017
<input type="checkbox"/> 523 Evangelism
Post Advance Assignments to Moodle by January 14, 2017

2017 Fall Session – Oklahoma City University
September 9, October 7 and November 4, 2017
<input type="checkbox"/> 421 Bible IV: Prophets, Psalms & Wisdom Literature
Post Advance Assignments to Moodle by August 26, 2017

Location

Saint Paul School of Theology
Oklahoma City University Campus
2501 North Blackwelder Ave.
Oklahoma City, OK 73106
(405) 208-5757

Schedule for Saturday School

Registration 8:00 am
Worship 8:15 am – 8:45 am
Class 8:45 am – 12:00 pm
Lunch 12:00 pm – 1:00 pm
Class 1:00 pm – 4:30 pm

Payment

Make checks payable to Saint Paul School of Theology. To make a payment online, go to our website at www.spst.edu/cos/

Registration Enclosed - Check # _____ \$ _____

Online Payment – Amount \$ _____

Confirmation # _____

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 and final grade 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. I understand that I need to contact the COS Coordinator prior to the first day of class if I wish to drop a course and not be billed for tuition and meals. **I understand that I can only enroll in four (4) courses per calendar year.**

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