



# SPRINGFIELD

## SATURDAY SCHOOL OFFERED BY:

Saint Paul School of Theology  
Course of Study School  
4370 W. 109<sup>th</sup> St., Suite 300  
Overland Park, KS 66211  
Ph (913) 253-5023 · Fx (913) 253-5075 · [cos@spst.edu](mailto:cos@spst.edu)

# 2017 SPRINGFIELD REGISTRATION FORM COURSE OF STUDY SCHOOL

Spring Registration Deadline: December 22, 2016

Fall Registration Deadline: August 5, 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](mailto:cosregistrar@gbhem.org) if you don't know your PID)

Check if this is your 1<sup>st</sup> time registering for classes at Saint Paul.  
PID# is REQUIRED on this form if this is your 1<sup>st</sup> 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 – Springfield

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.

<b>2017 Spring Session – Springfield</b>
<b>February 11, March 18 and April 22, 2017</b>
<input type="checkbox"/> <b>424 Ethics</b>
Post Advance Assignments to Moodle by January 28, 2017

<b>2017 Fall Session – Springfield</b>
<b>September 16, October 14 and November 11, 2017</b>
<input type="checkbox"/> <b>521 Bible V: Acts, Epistles &amp; Revelation</b>
Post Advance Assignments to Moodle by September 2, 2017

### Location

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

### 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/](http://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