

**PART-TIME MO MINISTERIAL LEADERS
PML COS CERTIFICATE PROGRAM –
ONLY MISSOURI CONFERENCE PARTICIPANTS!**

SAINT PAUL SCHOOL OF THEOLOGY

with the Missouri Annual Conference of the United Methodist Church
13720 Roe Ave, Bldg C, #C139, Leawood, KS 66224

Ph (913) 253-5051 · cos@spst.edu · jgragg@moumethodist.org

2019 MISSOURI PML REGISTRATION FORM



REGISTRATION DUE: MON. MARCH 4, 2019

PAYMENT DUE: FRI. MARCH 29, 2019

DROP DATE NO LATER THAN: MARCH 29, 2019

ADVANCE ASSIGNMENTS/PREWORK: MARCH 29, 2019

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. **Please DO NOT send in forms that have not been signed by all necessary parties!**
4. Enclose or pay online the **non-refundable registration fee(s)**. **UPON VERIFICATION W/ MO PML COORDINATOR jgragg@moumethodist.org**
5. Mail, email or fax to the St Paul COS Office at the address listed above. **Monitor email for enrollment confirmation.**
6. **FULL PAYMENT IS DUE PRIOR TO THE BEGINNING OF THE TERM.**
7. **Enrollment will be verified by PML Coordinator jgragg@moumethodist.org**

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): _____

GBHEM 6-digit 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.

Professional Information

Annual Conference _____

District _____

Are you currently under appointment? Yes No

Check one: Full-time Local Pastor CLM Certified Lay Minister

Part-time Local Pastor OTHER

If serving, name of church (es) you presently serve _____

Education completed: High School Associate Bachelors

Masters Other _____

Please list other Course of Study Schools you have attended

Notify in case of emergency _____

Relationship to emergency contact _____

Emergency Phone _____

PML Part Time Ministerial Leaders Extended Courses FEES:

Non-refundable registration fee: \$ 75.00 per course

Tuition (meals) per course: Prepaid by Missouri
Conference Scholarship
(\$240.00) per course
\$315.00 per course

Student Name _____

Enrollment:

Please refer to the MOODLE for Advance Assignments, Book Lists, Syllabus.

2019 Year 1 – Columbia – 2 Weekends Intensive	
Payment Due Date & Course Withdrawal Deadline: MARCH 29, 2019	
face to face CLASSROOM meeting Fri APR 5, 2019 & Sat APR 6, 2019. AND again CLASSROOM meeting Fri MAY 3, 2019 & Sat MAY 4, 2019.	
<input type="checkbox"/> COS 324 PML – PREACHING POST ADVANCE ASSIGNMENTS TO MOODLE BY: FRI. MARCH 29, 2019	

Location of Class:

Missouri Conference
3601 Amron Court
Columbia, MO 65202
573-441-1770

Tentative Schedule:

Friday – 10:00 am to 8:00 pm.
Saturday - 8:00 am to 12:00 pm.

Payment:

Please do not send payment with incomplete registration forms. If sending payment separately, send with Payment Remittance Form Make checks payable to Saint Paul School of Theology. For Form or to make a payment online, go to our website at www.spst.edu/cos/

Registration Enclosed - Check # _____ \$ _____ Online Payment – Amt \$ _____ Confirmation # _____

Meals:

Part of the Course of Study PML program is the encouragement of fellowship; therefore, community meals are included with your COS class: Please check if applicable: Vegetarian Gluten-Free (sensitive/allergy) Other _____ I will bring my own (no discount given)

Housing:

- Students can reserve / pay for a room provided in a block of rooms by MO Conference at the Hilton Garden Inn, 3300 Vandiver Dr, Columbia, MO, 573-814-5464, or may look for rooms elsewhere in Columbia, MO.

Signatures:

I understand that this program is for ONLY Missouri Annual Conference Participants.

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 / Director prior to the Course Withdrawal Deadline if I wish to drop a course and not be billed tuition.**

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 _____