PART-TIME MO MINISTERIAL LEADERS
PML COS CERTIFICATE PROGRAM – GROUP II
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
GROUP II

Saint Paul School of Theology Course of Study School

THE Missouri Conference OF THE UNITED METHODIST CHURCH

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 COORDINATORjgragg@moumethodist.org
5. Mail or email 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 need a 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 (paid by student)**
Tuition (meals) per course: Prepaid by MO Conference Scholarship:	($250.00) per course
TOTAL AMOUNT for Course:	$325.00 per course

Please complete this form and keep a copy for your records. 6-Sep-19

Student Name _____

Enrollment: 2019 Year 1 – Columbia – Online and Intensive – GROUP II	
Please refer to the Moodle for Advance Assignments and Book Lists.	
☐ **121 – Bible I: An Introduction** **face to face CLASSROOM meeting Fri, Oct 25, 2019 & Sat, Oct 26, 2019 AND Fri, Nov 8, 2019 & Sat, Nov 9,2019**	**REGISTRATION Deadline: Tue, 10/01/2019** **DROP DATE: Fri, 10/18/2019** **PAYMENT DUE DATE: Fri, 10/18/2019** **Hotel Reg Deadline: Fri, 10/04/2019**

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. 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:

1. 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 _____

Address _____

City State Zip _____

Phone_____

Email_____

_____
District Superintendent's signature **Date**

Local Pastor Registrar _____

Address _____

City State Zip _____

Phone _____

Email_____

_____
Local Pastor Registrar's signature **Date**

Please complete this form and keep a copy for your records. 6-Sep-19