

**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 · jennifer.smith@spst.edu
jragg@moumethodist.org

2021 MISSOURI PML REGISTRATION FORM

GROUP II 2 TWO – COS 323 – WIN21/Jan.

GROUP II 2 TWO – COS 124 – SPR21/March.

GROUP III 3 THREE – COS 122 – WIN21/Jan.

GROUP III 3 THREE – COS 124 – SPR21/March.



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** jragg@moumethodist.org
5. Mail or email to the St Paul COS Office at the address listed above. **Monitor email for enrollment confirmation. Also, you do NOT have access to POPULI.**
7. **Enrollment will be verified by PML Coordinator** jragg@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 (paid by student)

Tuition per course: Prepaid by MO Conference Scholarship:

(\$300.00) per course

TOTAL AMT for Course:

\$375.00 per course

Student Name _____

Enrollment:

Please refer to the Moodle for Advance Assignments and Book Lists.

GROUP II 2 TWO – WINTER 2021

323 Congregational Care

ONLINE engagement & assignments begin 1/13/2021, with ZOOM
“classroom meeting” 2/12/21 & 2/13/21

REGISTRATION Due: 12/13/20
DROP DATE: 1/13/21
Advanced Assignment Due: 1/13/21
Forums: 1/25 thru 2/5/21
Zoom Class Mtg: Fri 2/12 & Sat 2/13/21

GROUP II 2 TWO – SPRING 2021

124 Transformative Leadership

ONLINE engagement & assignments begin 3/26/2021, with ZOOM
“classroom meeting” 4/30/21 & 5/01/21

REGISTRATION Due: 3/12/21
DROP DATE: 3/26/21
Advanced Assignment Due: 3/26/21
Forums: 4/12 thru 4/23/21
Zoom Class Mtg: Fri 4/30 & Sat 5/1

GROUP III 3 THREE – WINTER 2021

122 Theological Heritage

ONLINE engagement & assignments begin 1/13/2021, with ZOOM
“classroom meeting” 2/12/21 & 2/13/21

REGISTRATION Due: 12/13/20
DROP DATE: 1/13/21
Advanced Assignment Due: 1/13/21
Forums: 1/25 thru 2/5/21
Zoom Class Mtg: Fri 2/12 & Sat 2/13/21

GROUP III 3 THREE – SPRING 2021

124 Transformative Leadership

ONLINE engagement & assignments begin 3/26/2021, with ZOOM
“classroom meeting” 4/30/21 & 5/01/21

REGISTRATION Due: 3/12/21
DROP DATE: 3/26/21
Advanced Assignment Due: 3/26/21
Forums: 4/12 thru 4/23/21
Zoom Class Mtg: Fri 4/30 & Sat 5/1

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 # _____

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