

**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
jgragg@moumethodist.org

NOT FOR FULL TIME LOCAL PASTORS

**2021 MISSOURI PML REGISTRATION FORM
FALL 2021 – ONLINE CLASSES**



REGISTRATION Due: Fri, 8/20/21

Advanced Assignment Due / Drop Class Date: Fri, 9/10/21

Zoom Class Mtg: Fri 9/24 9a-12p & 1:30p-4:30p and Sat 9/25 9a-1p
AND again on: Fri 10/29 9a-12p & 1:30p-4:30p and Sat 10/30 9a-1p

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. **EMAIL** or Mail to the St Paul COS Office at the address listed above.
Monitor email for detailed registration confirmation, as I have to MANUALLY register you into the class.
Also, you do NOT have access to POPULI.
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 (optional): Female Male Other(non-binary)

Race / Ethnicity (optional): _____

GBHEM 6-digit PID #: _____

Email cosregistrar@gbhem.org if you don't know your PID #

Professional Information

Annual Conference _____

District _____

Date of Briefing Class w/ Mo Conf. _____

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 _____

Check if this is your 1st time registering for classes at Saint Paul.

PML Part Time Ministerial Leaders Courses FEES:

Non-refundable registration fee: **\$75.00** per course (student pays)

Tuition per course: Paid by MO Conference: \$300.00 per course

TOTAL AMT for Course: \$375.00 per course

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Make checks payable to Saint Paul School of Theology address:

SAINT PAUL SCHOOL OF THEOLOGY

AT COMMERCE BANK, GROUP 1,

P.O. BOX 843740M KANSAS CITY, MO 64184-3740.

Student Name _____

Enrollment: (choose only 1 class)

Please refer to the Moodle Class Page / Class Syllabus for detailed Advance Assignments and Book Lists,
OR click here to get you started <https://www.spst.edu/book-lists-advanced-assignments/>

PML COS 121 – BIBLE I: INTRO (Statler)

ONLINE engagement & assignments begin 9/10/2021, with ZOOM
Class Mtg: Fri 9/24 9a-12p & 1:30p-4:30p and Sat 9/25 9a-1p
AND again on Fri 10/29 9a-12p & 1:30p-4:30p and Sat 10/30 9a-1p CST

REGISTRATION Due: FRIDAY, 8/20/21
DROP DATE: FRIDAY, 9/10/21
Advanced Assignment Due: FRIDAY, 9/10/21
Zoom Class Mtg: Fri 09/24 & Sat 09/25
AND Fri 10/29 & Sat 10/30
Post Class Assignment (if required): Fri, 11/5/21

PML COS 321 – BIBLE III: GOSPELS (Baxter)

ONLINE engagement & assignments begin 9/10/2021, with ZOOM
Class Mtg: Fri 9/24 9a-12p & 1:30p-4:30p and Sat 9/25 9a-1p
AND again on Fri 10/29 9a-12p & 1:30p-4:30p and Sat 10/30 9a-1p CST

REGISTRATION Due: FRIDAY, 8/20/21
DROP DATE: FRIDAY, 9/10/21
Advanced Assignment Due: FRIDAY, 9/10/21
Zoom Class Mtg: Fri 09/24 & Sat 09/25
AND Fri 10/29 & Sat 10/30
Post Class Assignment (if required): Fri, 11/5/21

Payment: Please do not send payment with incomplete registration forms. Send payment separately, **note the term/class, ie PML COS FAL21 121..**
Make checks payable to Saint Paul School of Theology address: SAINT PAUL SCHOOL OF THEOLOGY AT COMMERCE BANK, GROUP 1, P.O. BOX 843740 KANSAS CITY, MO 64184-3740. Note that the student is responsible for all registration fees, books fees, balances, etc, and need to be paid by due date, or communicated with COS Coordinator. Registration Enclosed - Check # _____ \$ _____

Photo / Social Media release: Do you approve of your picture and/or name, either in a group setting, classroom setting, worship setting, meal setting, be included in updates to the Saint Paul social media sites, and/or shown on our website? YES NO

Signatures: I understand that this program is for ONLY **PART TIME** Missouri Annual Conference Participants, that have attended the MO Conference Briefing, and has been granted into this program.

I understand that the Saint Paul Course of Study is a year-round learning experience, and that specific books and assignments are required. <https://www.spst.edu/book-lists-advanced-assignments/> . I understand that my registration, and participation in the class, is jeopardized if I do not submit my advance assignment(s) on time, fail to make required payments, or obtain required signatures. **I understand that I am (a student) is expected to attend every class session, whether Online/Zoom (as per term/syllabus) or On Campus, 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 GBHEM Division of Ordained Ministry in Nashville. **I understand that I need to contact the COS Coordinator prior to the Course Withdrawal Deadline if I wish to drop a course, but am still forfeiting the non-refundable, non-transferable, registration fee.**

Student's signature

Date

To be accepted, this form must include the signatures of your District Superintendent (DS) and Local Pastor Registrar (LPR)

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