

Saint Paul School of Theology – COS
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MAIL PAYMENT TO:
SPST @Commerce Bank
GROUP 1
PO BOX 843740
Kansas City, MO 64184-3740

2021 FALL REGISTRATION FORM

****ONLINE CLASSES****

FALL Registration form/fee Deadline: Wed, Sept 1!
NO LATE REGISTRATIONS THIS TERM!

FALL Withdrawal Deadline: Fri, 9/24/21
FALL Payment Due Date: Fri, 9/24/21
FALL Post assignment to Moodle by Date: Fri, 9/24/21

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, DS and LPR.**
4. Enclose or pay online the **non-refundable registration fee(s)**.
5. **Email** and/or mail to the Saint Paul Course of Study Office.
When I receive this form, I then have to MANUALLY register you starting in Mid July.
6. **Monitor email for detailed enrollment confirmation & NEW LOGIN CREDENTIALS.**
7. **FULL PAYMENT IS DUE PRIOR TO THE BEGINNING OF TERM**

Personal Information

First name _____

Preferred name _____

Last name _____

Home phone _____

Work phone _____

Cell phone _____

Primary Phone Home Work Cell

Current 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 need your PID #)

- Check if this is your 1st time registering for classes at Saint Paul. **PID# & TRANSCRIPT** (if attended other schools) is **REQUIRED** if this is your **1st time registering.**

Professional Information

Annual Conference _____

District _____

Date Completed Licensing School _____

Check one: Full-time Local Pastor Part-time Local Pastor

Not Currently Appointed Other _____

Name of church(es) you presently serve _____

Mentor's name _____

City _____ State _____ Zip _____

Education completed: High School Associate Bachelors
 Masters Other _____

Course of Study work completed:(prerequisite 121 & 122 as of 2020)

- 121=111 221=211 321=311 421=411 521=511
 122=112 222=212 322=312 422=412 522=512
 123=213 223=413 323=314 423=513 523=313
 124=113 224=114 324=214 424=414 524=514

Please list other Course of Study Schools you have attended

When might you finish COS _____

Notify in case of emergency _____

Relationship to emergency contact _____

Emergency Phone _____

ONLINE CLASS(ES) – FOR EACH & EVERY COURSE

Non-refundable (non-transferable) Registration fee: \$75 per course

Tuition: \$300 per course

TOTAL COST FOR EVERY COURSE: \$375.00 per course

Most Annual Conferences offer some form of financial assistance in the form of scholarship or reimbursement. For specifics to your Conference, please contact your DS or Annual Conference Registrar.

www.spst.edu/cos & scroll to Scholarship / Financial Assist on left.

<https://www.spst.edu/book-lists-advanced-assignments/>

Student Name _____

Enrollment: You may choose **ONLY 1 (ONE) CLASS** FOR THIS FALL 2021 ONLINE TERM.

2021 FALL: (choose only one)

- | | |
|--|---|
| <input type="checkbox"/> 121 Bible I: Introduction | Advance Assignment(s) uploaded to Moodle: FRI, 9/24/21 |
| <input type="checkbox"/> 222 Theological Heritage II: Early Church | Drop Date & Full Tuition Due: FRI, 9/24/21 |
| <input type="checkbox"/> 224 Administration & Polity | Two Weeks of FORUMS: Mon 10/11 thru Fri 10/22 |
| <input type="checkbox"/> 321 Bible III: Gospels | ZOOM Class "Meeting" Dates: FRI 11/5 AND SAT 11/6 |
| <input checked="" type="checkbox"/> 324 Preaching *** 2 weekends of ZOOM & no forums | from 10a-12p AND 2p-5p CST each day |
| <small>324 Preaching ZOOM on Fri 10/29 & Sat 10/30 AND Fri 11/5 & Sat 11/6 no forums</small> | |
| <input type="checkbox"/> 422 Theological Heritage IV: Wesleyan Movement | Post Class Assignment: FRI, 11/12 (always check syllabus for dates) |
| <input type="checkbox"/> 423 Mission | |
| <input type="checkbox"/> 522 Theology in the Contemporary Church | |
| <input type="checkbox"/> 523 Evangelism | |
| <input type="checkbox"/> 524 Theological Reflection: Practice of Ministry | |

Payment: Please do not send payment with incomplete registration forms. Send payment separately, **note the term/class, ie COS FAL21 324.** 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. To make a payment online, go to our website at www.spst.edu/cos/. Note that the student is responsible for all fees, tuition, books fees, balances, etc, and need to be paid by due date, or communicated with COS Coordinator.

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

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 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 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 and not be billed tuition but am still forfeiting the non-refundable registration fee. I understand that I can only enroll in four (4) courses per calendar year, without proper approval.

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 _____