

Course of Study School of Ohio at MTSO

Course Registration Form

Date: _____
Check: # _____
Amt: \$ _____
em conf: _____

PERSONAL INFORMATION

Name: _____ **PID# (if known)** _____ **(NOT SSN)**
(first name) (m.i.) (last name) (nickname for nametag, if any)

Address: _____
(street or P.O. Box) (city) (state) (zip)

Home Phone: _____ **Day Phone:** _____ **Cell Phone:** _____

Date of Birth: _____ **Gender:** **Male** **Female** **E-mail:** _____
(info. is used only with Title IX of the Education Amendments of 1972)

Predominant Racial/Ethnic background (this information is used only in accordance with Title VI of the Civil Rights Act of 1964):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black/Non-Hispanic	<input type="checkbox"/> Other: specify: _____

Person to contact in case of emergency: _____
(name) (relation to you) (phone – OTHER THAN HOME)

UMC CONFERENCE INFORMATION

Conference: _____ **District:** _____ **Licensing School:** _____
(location and date of completion)

Conference Status (check one)

<input type="checkbox"/> Part-time Local Pastor	<input type="checkbox"/> Student Local Pastor	<input type="checkbox"/> Other: specify: _____
<input type="checkbox"/> Full-time Local Pastor	<input type="checkbox"/> Not currently serving a church	Mentor: _____

EDUCATIONAL BACKGROUND

FIRST-TIME APPLICANTS ONLY: list all educational experiences (college, graduate work, etc) beginning with high school. If a degree was earned, please indicate. Use back if necessary.

Name of Institution	Years Attended	Degree Earned
_____	_____	_____
_____	_____	_____

COURSE INFORMATION

Registration fee (non-refundable and non-transferable) must be submitted with form: \$30.00 per course

Year	Term	Dates	Course Number	*Registration Fee
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Make checks payable to "MTSO/COS" **Total Fee Enclosed:** _____

*Registration fee is non-transferable and non-refundable; **NOTE:** Late withdraw fee: \$25 if WD in last 2 weeks before start of class. Invoices for tuition (\$260 per course, less conference scholarship) will be mailed approx. one month prior to the start of the term.

MEALS and HOUSING

____ YES ____ NO I will require meals for weekend sessions indicated above. (dietary restrictions: _____)

____ YES ____ NO I will have off-campus housing during Summer Intensive & an optional \$55 fee for weekday breakfasts and lunches is enclosed.

____ YES ____ NO I would like on-campus housing, if available. **CHECK WEBSITE FOR AVAILABILITY – POSTED ON HOMEPAGE.**

Weekend sessions: \$84/2 nights, deposit: \$40; Summer Intensive: \$370/12 nights, deposit: \$80. Housing deposit must be submitted to reserve a room. Please enclose a separate check for housing. Rooms are assigned on a "First Paid/First Reserved" basis. On-campus housing fees subject to change. Registration form on website will include rates for current year.

SIGNATURES

I give permission for release of my grades to the Division of Ordained Ministry, my Annual Conference and District Board: _____ (Student's Signature)	I have COS credit from another COS site or institution: <input type="checkbox"/> Yes <input type="checkbox"/> No	This student is a certified candidate for ministry and has completed Licensing School: _____ (District Superintendent's Signature)	This candidate is approved for financial assistance from the Annual Conference: _____ (Local Pastor Registrar's Signature)
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Send the completed application with appropriate registration fee and separate check for housing to:

Course of Study School of Ohio • MTSO • 3081 Columbus Pike • Delaware, OH 43015

12/2009

*If you are paying by check from a church or scholarship, please ensure your name is in the memo to expedite proper processing of your fees.