

# Course of Study School of Ohio @ UTS

## Course Registration Form

Date: _____
Check: # _____
Amt: \$ _____
Date rec'd: _____

### 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):  
 American Indian or Alaskan Native     Hispanic     White/Non-Hispanic  
 Asian or Pacific Islander     Black/Non-Hispanic     Other \_\_\_\_\_

**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)  
 Part-time Local Pastor     Student Local Pastor     Other \_\_\_\_\_  
 Full-time Local Pastor     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

Please register me for the following course(s). **Appropriate registration fee is enclosed - \$30.00 per course**

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

**Make checks payable to "UTS/COS"**

**Total Registration Fee Enclosed: \$** \_\_\_\_\_

Invoices for tuition (\$310 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 session indicated above. (dietary restrictions: \_\_\_\_\_)

Housing options for your single Friday night stay can be located at <http://www.united.edu/academics/cos/>

### SIGNATURES

*I give permission for release of my grades to the Division of Ordained Ministry, my Annual Conference and District Board:*

*I have COS credit from another COS site or institution:*

*This student is a certified candidate for ministry and has completed Licensing School:*

*This candidate is approved for financial assistance from the Annual Conference:*

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(District Superintendent's Signature)*

\_\_\_\_\_  
*(Local Pastor Registrar's Signature)*

*Send the completed application with appropriate registration fee to:*

Course of Study School of Ohio • UTS • 4501 Denlinger Rd. • Dayton, OH 45426

4/2008

**\*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.**