

# 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 | <b>Mentor:</b> _____                           |

### 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: \$96/2 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:<br><br>_____<br>(Student's Signature) | I have COS credit from another COS site or institution:<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | This student is a certified candidate for ministry and has completed Licensing School:<br><br>_____<br>(District Superintendent's Signature) | This candidate is approved for financial assistance from the Annual Conference:<br><br>_____<br>(Local Pastor Registrar's Signature) |
|---|--|--|--|

**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.