Course of Study School Wesley Theological Seminary

Philadelphia Satellite School Winter 2016

Program Dates: January 8-9, 23 and February 6, 2016

Registration deadline Friday, November 6, 2015

<u>Please Note:</u> All classroom instruction will take place at Mt. Hope UMC in Aston, PA. Registration fee payment and this registration form should be mailed to Wesley Theological Seminary in Washington DC. Class size will be limited to 20 students. The course will be cancelled if we do not have a minimum of 6 students by the registration deadline. Location, directions and pre-course assignment are available on-line by going to www.wesleyseminary.edu and searching for Course of Study.

Registration Form

<u>Instructions</u>: Please complete this form, obtain the required signatures and **enclosed a \$75.00 registration fee for each course made out to Wesley Theological Seminary.** Please mail to: Sara Sheppard, Managing Director, Wesley Theological Seminary, 4500 Massachusetts Avenue, NW, Washington, DC, 20016.

| PERSONAL INFORM | IATION | | | | | |
|---|---------------------------|--------------------|-----------------------------|--|--|--|
| FULLNAME: | | | WTS Student ID (if known) | | | |
| 171181 | 171.1. | | Last | | | |
| SSN: | | DATE OF BIRTH: | | | | |
| ADDRESS: | | | Is this a new Addr | ess? Yes 🗆 No 🗆 | | |
| CITY, STATE, ZIP: | | E-l | MAIL: | | | |
| TELEPHONE: | | home | | cell | | |
| EDUCATION: High Scho | ool College Ho | urs Completed | Degree(s) Awarded: _ | (Please list all degrees earned) | | |
| APPOINTMENT INF | ORMATION: | Please indica | te current conference | | | |
| Annual Conferer | nce: (circle one) | | WPA GNJ NY VA WV Pen-Del | Upper NY Susquehanna Other: | | |
| I am appointed: Name of the Church: | | Part time | No appointm | ent at this time \square | | |
| (COS students who have coappointment. The following | ompleted licensing school | | | attend the COS for one year without an | | |
| | <u>CO</u> | URSE REG | <u>ISTRATION</u> | | | |
| <u>Instructions:</u> Please chec November 6, 2015. | ck the box below indica | ting you are regis | stering for this class and | return this form no later than | | |
| | | Winter | <u>2015</u> | | | |
| | □ CS-122 T | heological Ho | eritage 1: Introduction | on | | |
| For Wesley Seminary u | | | | | | |
| Date received: | Registration fe | e received: | Conference | support: | | |

| ☐ Yes, I need housing provided by ☐ Please include me in the room b | | ed housing Thursd | lay night too. | | |
|---|---|------------------------|-----------------------|--|--|
| □ No, I will make my own arrange | ments or commute from home. | | | | |
| EMERGENCY CONTACT: Plea | use list the name and phone number of the | person you wish t | to have contacted in | | |
| case of emergency. | - | , | | | |
| Name: | | 0.11 | 1777 1 | | |
| | please circle one: Home | Cell | Work | | |
| Relationship: | · | | | | |
| REQUIRED SIGNITURES: (Thi | s form will be returned to the student if either of | of these signatures is | s missing.) | | |
| STUDENT SIGNATURE: I give | authorization for my records at WTS to be | e reported to the I | Division of Ordained | | |
| Ministry and my Conference and/o | or District Board of Ordained Ministry. | | | | |
| Signature: | Date: | | | | |
| CONFEDENCE DECICEDAD CL | CNIATURE. The above referenced I call | Destantis to attend | 1 Wasley The alexinal | | |
| Seminary Course of Study Satellite | GNATURE: The above referenced Local School in Philadelphia, PA. | Pastor is to attend | i wesiey i neological | | |
| | • | | | | |
| Name: | Phone Numb | Phone Number: | | | |
| Signature: | Date: | e-mail: | | | |
| We offer a scholarship | o for local pastors to attend Weekend Course o | of Study School. Ye | es No | | |
| • | • | • | | | |
| | <u>CSIGNATURE:</u> This Local Pastor is authortudy Satellite School in Philadelphia, PA. | orized by my Dist | rict to attend Wesley | | |
| , | Phone Numl | her: | | | |
| - Tume: | r none r tann | | | | |
| Signature: | Date: | e-mail | | | |
| District: | | | | | |
| COST | | | | | |
| COSTS: Registration Fee: \$75.00 pop refun | ndable due for each course with registration | application | | | |
| registration rec. \$75.00 non-relain | idable due for each course with registration | паррисацоп. | | | |
| Tuition: \$350.00 per course; payah | ole the first day of class or earlier. | | | | |
| | | | | | |
| | rking on the housing location. *Reservation | | | | |
| Please complete the housing inform | mation above and return to Sara Sheppard. | You will receive | a confirmation | | |

Student Name:

number via e-mail.

WTS ID:

Students are responsible for housing costs. Meals will be on your own.

<u>Attendance Policy:</u> Students must attend all 20 hours of class-time to receive credit for the course. Assignments must be turned in on time. Cancellations must be received in writing no less than one week before the course. Cancellations less than one week will be charged tuition for the course.