## Course of Study School Wesley Theological Seminary

## Philadelphia Satellite School Spring 2016

Program Dates: April 1-2, 16, 30, 2016 Registration deadline Friday, March 4, 2016

<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 <a href="www.wesleyseminary.edu">www.wesleyseminary.edu</a> 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:First	WTS Student ID (if known)			(if known)		
SSN:		DATE OF BIRTH:				
ADDRESS: Is this a new Address? Yes \( \Boxed{1} \) No \( \Dagger{1} \)						
CITY, STATE, ZIP:		E-N	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> 3	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		
		Spring	<u>2016</u>			
	□ CS-222 T	heological He	ritage 2: Early Churc	ch		
For Wesley Seminary u						
Date received:	Registration fe	e received:	Conference :	support:		

<ul> <li>□ Yes, I need housing provided by V</li> <li>□ Please include me in the room blo</li> <li>□ No, I will make my own arrangen</li> </ul>	ock at the hotel for Friday night.	housing Thurse	day night too.
<b>EMERGENCY CONTACT:</b> Pleas case of emergency.	e list the name and phone number of the pe	erson you wish	to have contacted in
Name:			
Phone:	please circle one: Home	Cell	Work
Relationship:			
REQUIRED SIGNITURES: (This	form will be returned to the student if either of	these signatures i	is missing.)
	authorization for my records at WTS to be r District Board of Ordained Ministry.	reported to the	Division of Ordained
Signature:	Date:		
Seminary Course of Study Satellite S	School in Philadelphia, PA.  Phone Number		
Signature:	Date:	e-mail:	
We offer a scholarship	for local pastors to attend Weekend Course of	Study School. Y	es No
DISTRICT SUPERINTENDENT	<b>SIGNATURE:</b> This Local Pastor is author	ized by my Dist	trict to attend Wesley
Theological Seminary Course of Stu	ady Satellite School in Philadelphia, PA.  Phone Number	, ,	·
Signature:	Date:	e-mail	
District:			
COSTS:			
	dable due for each course with registration a	pplication.	
<u>Tuition:</u> \$350.00 per course; payabl	le the first day of class or earlier.		
	king on the housing location. *Reservations nation above and return to Sara Sheppard. `		

WTS ID:

Student Name:

number via e-mail.

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.