Course of Study School Wesley Theological Seminary **Registration Form** | Summer Term COS School 2016

Registration Deadline April 1, 2016

Instructions: Please complete this form, obtain the required signatures and enclosed a \$35.00 registration fee for each course. Send to: Sara Sheppard, Course of Study, Wesley Theological Seminary, 4500 Massachusetts Avenue, NW, Washington, DC, 20016.

PERSONAL INFORMATION

FULL NAME:		WTS Student ID (if known)			
First PERFERRED NAME FOR NAMETAG:	M.I.	Last			
SSN:		_ DATE OF BIRTH:			
ADDRESS:		Is this a new Ado	lress?Yes 🛛 No 🗖		
CITY, STATE, ZIP:		E-MAIL:			
TELEPHONE:	home		cell		
EDUCATION: High School \Box C	ollege Hours Complete	ed Degree(s) Awarded:	(Please list all degrees earned		

COURSE REGISTRATION

Instructions: If you are attending one 2-week term, register for 2 classes; if you are attending two 2-week terms, register for 4 classes. Please be mindful of the class times - AM or PM. You should register for courses in the same year, if possible.

Term 1 : July 11 – 21, 2016		Term 2 : July 25 – August 4, 2016		
CS-122 Theology Heritage 1: Introduction		CS-121 Bible 1: Introduction		
AM		AM		
CS-124 Transformational Leadership		CS-123 Formation and Discipleship		
PM		PM		
CS-221 Bible 2: Torah and Israel's History		CS-223 Worship and Sacraments		
AM		AM		
CS-222 Theological Heritage 2: Early Church		CS-224 Administration and Polity		
PM		PM		
CS-322 Theological Heritage 3: Medieval-		CS-324 Preaching		
Reformation AM		AM		
CS-321 Bible 3: Gospels		CS-323 Congregational Care		
PM		PM		
CS-421 Bible 4: Prophets, Psalms and		CS-423 Mission		
Wisdom Literature AM		AM		
CS-424 Ethics		CS-422 Theological Heritage 4: Wesleyan		
PM		Movement PM		
CS-522 Theology in the Contemporary		CS-523 Evangelism		
Church AM		AM		
CS-524 Theological Reflection: Practice of		CS-521 Bible 5: Acts, Epistles &		
Ministry PM		Revelation PM		

For Wesley Seminary use only :

Date received :_____ Registration fee received: _____ Date Registered: ____

Name:	Gender: Male □	Female □	DOB:		
This is my first year attending Course of Study at Wesley I expect to graduate in 2016 Yes □ No					
Please select one:					
 Yes! I need housing assigned through Wesley. I do not need housing but would like the meal plan. 	\square No, I do not need housing or the meal plan.				
REQUEST FOR ACCOMODATIONS: Please requested to the best of our ability. Students will be houseing are automatically enrolled in the meal plan	notified of housing assig				
1. Choose one housing option: □ On-campus New Residence Hall	□ Double room roommate preference: □ Single room				
 On-campus New Residence Hait On-campus Straughn Off Campus Hotel 					
2. Please answer the following to assist us in room assignments: □ I use a PAP machine at night	 □ I am a smoker □ I have trouble with stairs or mobility issues. (new doctor's note required each year) 				
REQUIRED: Arrival date in DC:, 20	16 End of term de	eparture date: _	, 2016		
Please provide as much information as possible. <u>REQUIRED SIGNITURES</u> : Note: This form will <u>STUDENT SIGNATURE:</u> I give authorization for my records at WTS to be rep District Board of Ordained Ministry. I understand facility fee costs to Wesley Theological Seminary	orted to the Division of Orda hat I am responsible for pa	ined Ministry and	my Conference and/or		
Signature:					
CONFERENCE REGISTRAR SIGNATURE: ** Conference Scholarships are to be awarded direct The above referenced Local Pastor is authorized Theological Seminary Course of Study School 20 Name:	ly to the student.** by 116.	Conferenc	e to attend Wesley		
Signature:					
	Phone Number:				
Signature:	Date:	e-mail			
District:	2	• man			

2

Course of Study School Wesley Theological Seminary Registration Form | Summer Term COS School 2016

Name:				
APPOINTMENT INFORMATION: Annual Conference: (circle one) BW E	PA WPA GNJ	NY Upper NY		New England
VA WV Pen-Del Other: I am appointed Full time (COS students who have completed licensi for one year without an appointment. The	Part time □ ing school but are no	No appoin t appointed to a c	congregation may	attend the COS
EMERGENCY CONTACT: Please list the name and phone num Name:	1 1	ou wish to have c	ontacted in case	of emergency.
Phone:	please circle or	ne: Home	Cell	Work
CANCELLATION POLICY: Cancellatio June 15 in writing. Students canceling after Ju does not constitute a cancellation. No sho	ine 15 will be held resp	onsible for one nig		
Print Name:				_
COSTS:				
<u>Tuition:</u> \$0* Wesley Theological Seminary do responsible for paying 100% of the registration				time. Students are
Registration fee: \$35.00 non-refundable fee per	r course due with regist	tration form.		
Housing: Please refer to the website for housin	ng costs. These will be	published by Marc	h 1.	
Facilities fee: \$100.00 per term				
Wesley Contact information:				

Sara Sheppard, Managing Director, COS202-885-8688ssheppard@wesleyseminary.eduCOSWesley billing office202-885-8662businessoffice@wesleyseminary.eduGBHEM Registrar in Nashville, TN615-340-7416pamela.fulton@gbhem.orgCOS Websitewww.wesleyseminary.edu

Booklists can be found on the e-bookstore beginning in late September. Go to My Wesley and click on Textbooks.