

**Course of Study School**  
**Wesley Theological Seminary**

**Philadelphia Satellite School**  
**Winter**

**Program Dates: January 20&21, February 4, 18, 2017**  
*Registration deadline Friday, November 4, 2016*

**Please Note:** The weekend session will take place at The Comfort Inn, Exton, PA. The other two Saturday sessions will take place at the Westchester UMC. Registration fee payment *only* should be included with this registration form 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](http://www.wesleyseminary.edu) and searching for Course of Study under the current student tab.

**Registration Form**

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

**PERSONAL INFORMATION**

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FULLNAME: \_\_\_\_\_ WTS Student ID (if known) \_\_\_\_\_  
                    First                                    M.I.                                    Last

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Is this a new Address? Yes  No

CITY, STATE, ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

EDUCATION: High School  College Hours Completed \_\_\_\_\_ Degree(s) Awarded: \_\_\_\_\_  
(Please list all degrees earned)

**APPOINTMENT INFORMATION:** Please indicate current conference  
Annual Conference: **(circle one)** BW EPA WPA GNJ NY Upper NY Susquehanna  
New England VA WV Pen-Del Other: \_\_\_\_\_

I am appointed: Full time  Part time  No appointment at this time

Name of the Church: \_\_\_\_\_

(COS students who have completed licensing school but are not appointed to a congregation may attend the COS for one year without an appointment. The following year you must be under appointment to attend classes)

**COURSE REGISTRATION**

**Instructions:** Please check the box below indicating you are registering for this class and return this form no later than the stated deadline date above.

**Winter 2017**

**CS-124 Transformative Leadership**

**For Wesley Seminary use only :**

Date received : \_\_\_\_\_ Registration fee received: \_\_\_\_\_ Conference support: \_\_\_\_\_

Student Name: \_\_\_\_\_

WTS ID: \_\_\_\_\_

**HOUSING NEEDS:** please indicate whether or not you will need housing for this program for Friday January 20, 2017. Wesley will make the reservation at the hotel, however the student is responsible for paying the hotel at the time of service.

- Yes, I need housing provided by Wesley Seminary.  
 Please include me in the room block at the hotel for Friday night.     I need housing Thursday night too.  
 No, I will make my own arrangements or commute from home.

**EMERGENCY CONTACT:** Please list the name and phone number of the person you wish to have contacted in case of emergency.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ please circle one: Home                      Cell                      Work

Relationship: \_\_\_\_\_

**REQUIRED SIGNITURES:** (This form will be returned to the student if either of these signatures is missing.)

**STUDENT SIGNATURE:** I give authorization for my records at WTS to be reported to the Division of Ordained Ministry and my Conference and/or District Board of Ordained Ministry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFERENCE REGISTRAR SIGNATURE:** The above referenced Local Pastor is to attend Wesley Theological Seminary Course of Study Satellite School in Philadelphia, PA.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ e-mail: \_\_\_\_\_

We offer a scholarship for local pastors to attend Weekend Course of Study School.    Yes    No

**DISTRICT SUPERINTENDENT SIGNATURE:** This Local Pastor is authorized by my District to attend Wesley Theological Seminary Course of Study Satellite School in Philadelphia, PA.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ e-mail \_\_\_\_\_

District: \_\_\_\_\_

**COSTS:**

**Registration Fee:** \$75.00 non-refundable due for each course with registration application.

**Tuition:** \$350.00 per course; payable the first day of class or earlier.

**Housing:** Friday night lodging will be at the Comfort Inn, Exton, PA. Details are on the website. \*Reservations must be made through the seminary. Please complete the housing information above and return to Sara Sheppard. You will receive a confirmation number via e-mail.

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

**Attendance Policy:** 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.