Course of Study School Wesley Theological Seminary

New England School 2017

April 21-22 & May 12-13, 2017

Registration deadline March 15, 2017

<u>Please Note:</u> These courses will be held at Rock Church Ministries in Plaistow, New Hampshire. (http://www.rock-church.org/) Class size will be limited to 20 students. A course will be cancelled if we do not have a minimum of 8 students per course. Location, directions and pre-course assignments are available on-line.

Registration Form

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

FULLNAME:		WTS Student ID (if known)			
First	M.I.	I	Last	,	
SSN:		DATE OF BIRTH:			
ADDRESS:			Is this a new Addr	ess? Yes □ No □	
CITY, STATE, ZIP:		E-MA	IL:		
TELEPHONE:		home		cell	
_	_	-		(Please list all degrees earned	
APPOINTMENT IN Appual Confere	FORMATION: ence: (circle one)		Current conference	Upper NY Susquehanna	
7 iiiidai Goiricic	aree. (effere one)		VA WV Pen-Del	Other:	
I am appointed: Name of the Church:			11	nent at this time □ attend the COS for one year wit	
appointment. The following				attend the COS for one year wit	
	CO	OURSE REGIS	<u> TRATION</u>		
Instructions: Please inc Weekend Program. Reg			You may register for	one course at a time in the	
	Ap	ril 21-22 & May	12-13, 2017		
□ CS-124 Tra	insformative Leaders	ship	ible 2: Torah and I	srael's History	
	☐ CS-322 Theolog	gical Heritage 3 Refo	ormation □ CS-42	23 Mission	
For Wesley Seminary	use only:				
Date received :	Registration	fee received:	Date Registe	ered:	

Student Name:	WTS ID:			
HOUSING NEEDS: please indic	te whether or not you will need housing for this program:			
case of emergency.	se list the name and phone number of the person you wish to have contacted in			
	please circle one: Home Cell Work			
REQUIRED SIGNITURES: (Thi	s form will be returned to the student if either of these signatures is missing.)			
	authorization for my records at WTS to be reported to the Division of Ordained or District Board of Ordained Ministry.			
Signature:	Date:			
Theological Seminary Course of St	SIGNATURE: This Local Pastor is authorized by my District to attend Wesley udy Weekend School 2016-2017 in the New England Conference. Phone Number:			
Signature:	Date: e-mail			
District:				
	GNATURE: The above referenced Local Pastor is to attend Wesley Theological d School 2016-2017 in the New England Conference.			
Name:	Phone Number:			
Signature:	Date: e-mail:			
COSTS:	for local pastors to attend Weekend Course of Study School. Yes No dable due for each course with registration application.			
<u>Tuition:</u> \$350.00 per course; payal	le the first day of class or earlier.			
Housing: Students are responsible	for hotel costs directly to the hotel which include 1 night +taxes *Reservations			

must be made through the seminary to get the discounted rate. Please complete the housing information above and return to Sara Sheppard. You will receive a confirmation number via e-mail. Rate information will be forwarded with the confirmation letter. Wesley dose everything we can to negotiate a reasonable rate.

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. Cancellations received less than two weeks before the first class will be charged \$50 fee. Cancellations received less than seven days prior to the first class will also be charged tuition for the course.