Course of Study School Wesley Theological Seminary

Weekend School 2017 Fall October 13-14 & November 3-4, 2017

Registration deadline September 1, 2017

<u>Please Note:</u> All Weekend Courses will be held on the main campus for Wesley Theological Seminary. 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.

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, COS Registrar, Wesley Theological Seminary, 4500 Massachusetts Avenue, NW, Washington, DC, 20016.

FULLNAME:	WTS Student ID (if known)				
First M.	I. Last WTS Student ID (if known)				
SSN:	DATE OF BIRTH:				
ADDRESS:	Is this a new Address? Yes □ No □				
CITY, STATE, ZIP:	E-MAIL:				
TELEPHONE:	home cell				
	Hours Completed Degree(s) Awarded: (Please list all degrees earned) ent information below) I am a Certificate for Christian Studies Studen				
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 □ Name of the Church: (COS students who have completed licensing sch	Part time No appointment at this time ool but are not appointed to a congregation may attend the COS for one year without an				
appointment. The following year you must be und	der appointment to attend classes)				
<u>C</u>	COURSE REGISTRATION				
Program. Registration deadline February10,	ou are registering for. You may register for one course at a time in the Weekend 2017. ber 13-14 & November 3-4, 2017				
☐ CS-123 Formation and	Discipleship □ CS-221 Bible 2: Torah & Israel's History				
CS 424 Estica	☐ CS-522 Theology in the Contemporary Church				
□ C3-424 Etnics					
For Wesley Seminary use only:					

Student Name:	ne: WTS ID:					
HOUSING NEEDS: please indicate	te whether or not you w	ill need housing for	this program:			
☐ Yes, I need housing provided by V☐ I have contacted the Seminary for☐ Please include me in the room blo☐ I need housing Thursday night to	on-campus housing. ock at the hotel for Frida	from hor		ements or commute		
EMERGENCY CONTACT: Pleas	e list the name and pho	ne number of the p	erson vou wish to	o have contacted in		
case of emergency.	I I	r				
Name:						
Phone:	-		Cell	Work		
Relationship:						
REQUIRED SIGNITURES: (This	form will be returned to t	he student if either of	these signatures is	missing.)		
STUDENT SIGNATURE: I give a Ministry and my Conference and/or			reported to the I	Division of Ordained		
Signature:		Date:				
CONFEDENCE DECISTRAD SIC	NIATUDE. The above	unofomomand I and F	laston is to attor d	Wasley Theological		
CONFERENCE REGISTRAR SIG Seminary Course of Study Weekend		e telefeliced Local P	astor is to attend	westey Theological		
,						
Name:		Phone Number:				
Signature:		Date:	e-mail:			
We offer a scholarship	for local pastors to attend	Weekend Course of	Study School. Ye	s No		
DISTRICT SUPERINTENDENT	SIGNATURE: This Lo	ocal Pastor is author	rized by my Distr	rict to attend Wesley		
Theological Seminary Course of Stu	dy Weekend School 20	15-2016.	, ,	•		
Name:		Phone Number:				
Signature:		Date:	e-mail			
District:						
GO SHID						
COSTS: Registration Fee: \$75.00 non-refund	lable due for each cours	se with registration a	application.			
Tuition: \$350.00 per course; payabl	e the first day of class o	or earlier.				
	the Courtyard Marriott oust be made through the on to Sara Sheppard. Yo	ne seminary. Please o				

<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.

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