Course of Study School Wesley Theological Seminary

Weekend School 2018 Winter January on-line & February 23-24, 2018

Registration deadline November 17, 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.

FIII I NAME:		WTS Student ID (if known) I. Last						
First	M.I.		Last	ii kiiowii)				
SSN:		DATE OF BIRTH:						
ADDRESS:			Is this a new Addre	ess? Yes 🗆 No 🗆				
CITY, STATE, ZIP:		E-l	MAIL:					
TELEPHONE:		home		cell				
EDUCATION: High School	ol □ College H	ours Completed	Degree(s) Awarded:	(Please list all degrees earned)				
☐ I am a Local Pastor (co	omplete appointment	information belo	w) I am a Certification	icate for Christian Studies Stude				
APPOINTMENT INFO		Please indica	te current conference					
Annual Conference	e: (circle one)			Upper NY Susquehanna Other:				
I am appointed: F Name of the Church:		Part time No appointment at this time school but are not appointed to a congregation may attend the COS for one year without a						
appointment. The following y								
	<u>CC</u>	OURSE REG	<u>ISTRATION</u>					
Instructions: Please indica Program. Registration dea			. You may register for c	one course at a time in the Weekend				
	January o	on-line and F	<u>'ebruary 23-23, 20</u>	018				
□ CS-124 T	ransformative Le	adership 🗆 CS-	322 Theological Her	itage 3: Reformation				
	CS-423 Mission	□ CS-521 Bible	5: Acts, Epistles and	Revelation				
For Wesley Seminary use	e only:							
Date received:	Registration	fee received:	Conference s	Support:				

Student Name:		WTS ID:				
HOUSING NEEDS: please indicate wheth	er or not you will ne	ed housing for	this program:			
☐ Yes, I need housing provided by Wesley S☐ I have contacted the Seminary for on-cam☐ Please include me in the room block at th☐ I need housing Thursday night too.	pus housing.	☐ No, I will make my own arrangements or commute from home. lay night.				
EMERGENCY CONTACT: Please list the	e name and phone nu	ımber of the p	erson you wish to	o have contacted in		
case of emergency.						
Name: Phone:	nlease circle or	e: Home	Cell	Work		
Relationship:						
REQUIRED SIGNITURES: (This form will	l be returned to the stu	dent if either of	these signatures is	missing.)		
STUDENT SIGNATURE: I give authorize Ministry and my Conference and/or District	•		reported to the I	Division of Ordained		
Signature:	Ι	Date:				
CONFERENCE REGISTRAR SIGNATUR Seminary Course of Study Weekend School		renced Local I	Pastor is to attend	Wesley Theological		
Name:	Phone Number:					
Signature:		Date:	e-mail:			
We offer a scholarship for local	pastors to attend Weel	xend Course of	Study School. Ye	s No		
DISTRICT SUPERINTENDENT SIGNATION Theological Seminary Course of Study Week			rized by my Distr	ict to attend Wesley		
Name:	Phone Number:					
Signature:		Date:	e-mail			
District:						
COSTS: Registration Fee: \$75.00 non-refundable due	e for each course wit	h registration	application.			
<u>Tuition:</u> \$350.00 per course; payable the fir	st day of class or ear	lier.				
Housing: approx. \$129.00 + taxes/night at the *Reservations must be no above and return to Sara	nade through the ser	ninary. Please	complete the hou	sing information		

<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.