

# Course of Study School Wesley Theological Seminary

## Philadelphia Satellite School 2019-2020

**Please Note:** The first weekend session will take place at The Comfort Inn, Exton, PA. The other two Saturday sessions will take place at the Westchester UMC. 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 return either via email to [registrations@wesleyseminary.edu](mailto:registrations@wesleyseminary.edu) or mail to: Sara Sheppard, Managing Director, Wesley Theological Seminary, 4500 Massachusetts Avenue, NW, Washington, DC, 20016. Invoices for fees and tuition will be mailed approx. two weeks prior to the start of class.

#### PERSONAL INFORMATION

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:

Annual Conference: (check one)

Susquehanna New England

#### **Please indicate current conference**

BW EPA WPA GNJ NY Upper NY

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.

Fall 2019 <input type="checkbox"/>	Winter 2020 <input type="checkbox"/>	Spring 2020 <input type="checkbox"/>
<b>CS 124 Transformative Leadership</b> <b>September 20-21 &amp; October 19; November 2, 2019</b> <b>Reg deadline September 6, 2019</b>	<b>CS 222 Theological Heritage 2: Early Church</b> <b>January 17-18 &amp; February 1 and 22, 2020</b> <b>Reg deadline December 15, 2019</b>	<b>CS 324 Preaching</b> <b>March 13-14 &amp; April 18; May 9, 2020</b> <b>Reg deadline March 1, 2020</b>

#### **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 the Friday night start at the Comfort Inn. 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 check 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: \_\_\_\_\_

Typed or signed

**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: \_\_\_\_\_

Typed or Signed

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 \_\_\_\_\_

Typed or signed

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

**COSTS:**

**Registration Fee:** \$75.00 non-refundable we will bill you for this with your tuition. Invoices will go out approximately two weeks prior to the first class.

**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. We have a contract for \$89.00/ night.

**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.