Course of Study School Wesley Theological Seminary

Philadelphia Satellite School 2019-2020

<u>Please Note:</u> 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 precourse assignment are available on-line by going to www.wesleyseminary.edu and searching for Course of Study under the current student tab.

Registration Form

<u>Instructions</u>: Please complete this form, obtain the required signatures and return either via email to <u>COSregistration@wesleyseminary.edu</u> 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:		
First M.I.	Last	
SSN:	DATE OF BIRTH:	
ADDRESS:	Is this a new Address? Yes □ No □	
CITY, STATE, ZIP:	E-MAIL:	
ΓELEPHONE:	homecell	
EDUCATION: High School ☐ College H	ours Completed Degree(s) Awarded:	_ ,
APPOINTMENT INFORMATION:	(Please list all degrees ear Please indicate current conference	:ned)
Annual Conference: (check one) Susquehanna New England	□BW □EPA □WPA □GNJ □NY □Upper N	ΙΥ
I am appointed: Full time ☐ Name of the Church:		
COS students who have completed licensing school	ol but are not appointed to a congregation may attend the COS for one year appointment to attend classes)	without
	,	
	DURSE REGISTRATION cating you are registering for this class and return this form no later the	han the
Winter 2020 \Box	$\mathbf{Spring}\ 2020 \Box$	
CS 222 Theological Heritage 2: Early 0 January 17-18 & February 1 and Reg deadline December 15, 2	22, 2020 March 13-14 & April 18; May 9, 2020	0
For Wesley Seminary use only:		
	fee received: Conference support:	

☐ Yes, I need housing provided by We		
□ No, I will make my own arrangement		, o.
EMERGENCY CONTACT: Please 1	list the name and phone number of the person you wish to have con	ntacted in
case of emergency. Name:		
	please check one: Home □ Cell □ Wor	k □
REQUIRED SIGNITURES: (This fo	orm will be returned to the student if either of these signatures is missing.)	
STUDENT SIGNATURE: I give au Ministry and my Conference and/or I	thorization for my records at WTS to be reported to the Division of District Board of Ordained Ministry.	f Ordained
Signature:	Date:	
	[ATURE: The above referenced Local Pastor is to attend Wesley T	
Name:	Phone Number:	
Signature:	Date: e-mail:	
We offer a scholarship for lo	cal pastors to attend Weekend Course of Study School. Yes No)
DISTRICT SHDEDINITENIDENIT SI	IGNATURE: This Local Pastor is authorized by my District to atter y Satellite School in Philadelphia, PA.	Ţ
Theological Seminary Course of Study	Phone Number:	
Theological Seminary Course of Study	Phone Number: Phone Number: Date: e-mail	
Theological Seminary Course of Study Name: Signature: Typed or signed		

WTS ID: __

Student Name: _

<u>Housing:</u> 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.

<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.