

Course of Study School of Ohio at MTSO

Course Registration Form

Date: _____ em conf _____
 Chk: # _____
 Amt: \$ _____

PERSONAL INFORMATION

Name: _____
 (first name) (m.i.) (last name) nickname for nametag PID#, if known date completed

Address: _____
 (street or P.O. Box) (city) (state) (zip)

Home Phone: _____ **Day Phone:** _____ **Cell Phone:** _____

Date of Birth: _____ **Gender:** **Male** **Female** **E-mail:** _____
 (info. is used only with Title IX of the Education Amendments of 1972)

Predominant Racial/Ethnic background (this information is used only in accordance with Title VI of the Civil Rights Act of 1964):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Non-Hispanic
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black/Non-Hispanic	<input type="checkbox"/> Other: specify: _____

Person to contact in case of emergency: _____
 (name) (relation to you) (phone – OTHER THAN HOME)

UMC CONFERENCE INFORMATION

Conference: _____ **District:** _____ **Licensing School:** _____
 (location and date of completion)

Conference Status (check one)

<input type="checkbox"/> Part-time Local Pastor	<input type="checkbox"/> Student Local Pastor	<input type="checkbox"/> Mentor: _____
<input type="checkbox"/> Full-time Local Pastor	<input type="checkbox"/> Not currently serving a church	<input type="checkbox"/> Other (specify): _____

EDUCATIONAL BACKGROUND

FIRST-TIME APPLICANTS ONLY: list all educational experiences (college, graduate work, etc) beginning with high school. If a degree was earned, please indicate. Use back if necessary.

Name of Institution	Years Attended	Degree Earned
_____	_____	_____
_____	_____	_____

COURSE INFORMATION

Registration fee (non-refundable & non-transferable) must be submitted with form: \$80 per course.

Year	Term	Dates	Course Number	*Registration Fee
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Make checks payable to "MTSO/COS"

Total Fee Enclosed: _____

*Registration fee is non-transferable and non-refundable; NOTE: Late withdraw fee will be due if WD in last 2 weeks before start of class. Invoices for tuition (less conference scholarship) will be sent approx. one month prior to the start of the term. See COS website for current rates.

HOUSING and MEALS (Meals provided for weekend terms – confirm below; b-fast/lunch included with Sum 2-Wk housing)

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	dietary restrictions: _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

☐ Yes ☐ No I would like on-campus housing, if available. CHECK WEBSITE FOR AVAILABILITY – POSTED ON HOMEPAGE. Rooms are SINGLE OCCUPANCY ONLY and are assigned on a "First Reserved" basis. Hybrid weekend sessions: \$57 for one night for a hybrid course; On-campus housing fees subject to change. COS website will include rates for current year.

SIGNATURES

I give permission for release of my grades to the Division of Ordained Ministry, my Annual Conference and District Board:

 (Student's Signature)

I have COS credit from another COS site or institution:

☐ Yes
☐ No

This student is a certified candidate for ministry and has completed Licensing School:

 DS's Signature

 Date

This candidate is approved for financial assistance from the Annual Conference in the amount of

\$_____ per course

 Local Pastor Registrar's Signature

 Date

Send the completed application with appropriate registration fee (payable to "MTSO/COS") to:

MTSO • ATTN: Course of Study School of Ohio • 3081 Columbus Pike • Delaware, OH 43015

*If you are paying by check from a church or scholarship, please ensure your name is in the memo to expedite proper processing of your fees.