

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: \$30.00 per course when submitted before 1/1/2020, \$50 per course when submitted after 1/1/20

| 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: \$25 if WD in last 2 weeks before start of class. Invoices for tuition (\$270 per course, less conference scholarship) will be mailed approx. one month prior to the start of the term.

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"/> No | Fri. dinner | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sat. b-fast | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sat. lunch | dietary restrictions: _____ |
|--|-------------|--|-------------|--|------------|-----------------------------|

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 Paid/First Reserved" basis. Weekend sessions: \$100/2 nights, deposit: \$40; Summer Intensive: \$455/11 nights, deposit: \$80. Housing deposit **must be submitted** to reserve a room. **Enclose a separate check for housing.** On-campus housing fees subject to change. Registration form on website will include rates for current year. Summer 2-Week students staying off campus will receive information on purchasing a meal ticket.

SIGNATURES

| | | | |
|--|---|--|---|
| <p><i>I give permission for release of my grades to the Division of Ordained Ministry, my Annual Conference and District Board:</i></p> <p>_____</p> <p><small>(Student's Signature)</small></p> | <p><i>I have COS credit from another COS site or institution:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><i>This student is a certified candidate for ministry and has completed Licensing School:</i></p> <p>_____</p> <p><small>DS's Signature</small></p> | <p><i>This candidate is approved for financial assistance from the Annual Conference in the amount of</i></p> <p>\$ _____ <i>per course</i></p> <p>_____</p> <p><small>Local Pastor Registrar's Signature</small></p> |
| | | Date | Date |

Send the completed application with appropriate registration fee and separate check for housing (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.