

REGISTRATION FORM

PERSONAL ID # _____

Indiana Extension Course of Study School**Fall 2015 - Spring 2016****Fall Registration deadline is July 31, 2015****Please Fill out information** (print clearly or type)**Spring 2016 Registration deadline is Dec. 15, 2015**

Last Name _____ First Name _____ Sex ____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ E-mail address _____

Local Pastor (circle one) part time full time **Candidacy Certification Date** _____**License School Attended** _____ **License Sch Completed Date** _____**Annual Conference** _____ **District:** _____

Appointed (circle one) Yes No Charge now serving _____

☐ Minister, Other Fellowship (OF) taking United Methodist History, Theology, Polity courses. [122, 224, 422]**First weekend motel:** Request a motel room. All Rooms are **NON-smoke**. (circle one) Yes No, I shall commute.Room type: **SHARE** Room Roommate _____ **PRIVATE** Room _____If I can not come or will not stay the motel **I shall cancel** the reservation **before 6:00 P.M.** on Friday of the first weekend by notifying Dr. Cassel Cell 317 417 4036 and the motel. Motel phone: 317 783 5151**Private room** [I will pay partial room cost of \$ 40.00 + when registering at the motel]

Education	Name/Location	Graduation date	
High School			Degree
		No. Yrs. Completed	Received
College			
Graduate			
Other			

Registration for Courses Register for the lowest numbered available course that you have not successfully completed.

☐ Choose one course for Fall 2015

Sept. 11, 12 Oct. 10, Nov. 14, 2015

- ☐ Year I COS 121 Bible I Introduction
☐ Year I COS 122 Theological Heritage I Introduction
☐ Year II COS 221 Bible II: Torah & Israel's History
☐ Year II COS 224 Administration and Polity
☐ Year III COS 322 Theological Heritage: Medieval – Reformation
☐ Year III COS 323 Congregational Care
☐ Year IV COS 423 Mission
☐ Year IV COS 424 Ethics
☐ Year V COS 521 Bible V: Acts, Epistles, Revelation
☐ Year V COS 522 Theology in the Contemporary Church

[To be noted by the director] Syllabus for Course COS _____ Sent _____ Date) _____

☐ Choose one course for Spring 2016

Feb. 12, 13; March 12; April 9, 2016

- ☐ Year I COS 123 Formation and Discipleship
☐ Year I COS 124 Transformative Leadership
☐ Year II COS 222 Theological Heritage: Early Church
☐ Year II COS 223 Worship and The Sacraments
☐ Year III COS 321 New Testament III: Gospels
☐ Year III COS 324 Preaching
☐ Year IV COS 421 Bible IV: Prophets, Psalms, Wisdom Literature
☐ Year IV COS 422 Theological Heritage: The Wesleyan Movement
☐ Year V COS 523 Evangelism
☐ Year V COS 524 Theological Reflection: Practice of Ministry

[To be noted by the director] Syllabus for Course COS _____ Sent _____ Date) _____
[over]

Signatures

I hereby certify the information given is correct. I release my grades and pertinent information to the Division of Higher Education and Ministry of the United Methodist Church and to its counterparts in my Annual Conference. I release the Indiana Extension Course of Study from any responsibility for medical care I may need while traveling to and from or attending the school.

1. Applicant's Signature _____ Date _____

2. Make checks payable to: **Indiana Conference UMC**. On the Memo line write: **COS**. Include student's name for credit recognition. Send this form and payment of at least \$ 50 to: your District Superintendent for signature.

Signature, District Superintendent _____
[Print name] [signed name]

Note: This is the Superintendent of the district to whose District Committee on Ordained Ministry [DCOM] you report.

Registrants from a non Indiana conference : Go to item # 3 in the box immediately below.

3. District Superintendent sends the signed registration form and the check for registration/tuition to:

Rev. Samuel Padgett, Assoc Director, Leadership Development: 301 Penna. Pkwy Suite 300, Indlps. IN 46280

NOTE: INCOMPLETE FORMS WILL BE RETURNED TO THE SENDER

OTHER CONFERENCES: Please check with your Conference regarding payment of tuition.

Also, please give us this information:

3. Name of your District Superintendent _____
Address of Dist Superintendent _____

Local Pastor Registrar, Board of Ministry _____
[p rint name] [Signed name]

Address, Local Pastor Registrar _____

Does your conference pay part of tuition? If so, the amount _____

Name and address of the person to be billed for this tuition _____
(P lease print or type)

Address (Please print or type) City State Zip
Make checks payable to: **Indiana Conference UMC**. On the Memo line write: **COS** Include student's name for credit recognition
Send registration with at least \$50 to: **Assoc. Dir. Leadership Development, 301 Pennsylvania. Pkwy Suite 300, Indlps. IN 46280**

Please read the following about tuition and costs. Student Tuition rates for 2014-15 remain as in prior years.

Yearly tuition for two sessions of School [2015-16] is \$ 250 for Indiana Conference registrants. Pastors from other conferences pay \$ 550 for the year. Included: tuition, noon meal on Saturdays, a room on the first Friday [for non-commuters]. Conference subsidies are not available for repeating a course (serious illness excepted).

The registration fee, paid with the registration form, is refundable until the deadline date. Students pay the cost of text books, all personal expenses and remaining tuition. Tuition not paid with registration is due at the first class session.

Director Dr. Herbert Cassel 1225 Cardinal Circle Franklin, IN 46131 2735 Email cassel@uindy.edu PHONE: 317 -346 - 1813	Director The Rev. J. Wilbur Yates, 1502 Sanders Drive Auburn IN 46706 Email jwilburyates@gmail.com Phone 260 - 925 - 1167	Please do not write below				
		Tuition	Check #	Amount	Date	Initial
		Student				
		Church				