

2011 Course of Study Registration Form and Application for Admission

BASIC COURSE OF STUDY SCHOOL (COS & HMONG)

Garrett Student ID # _____

Name _____ SS# _____
Last First Middle students attending GETS for first time

Address _____
Street and number City State Zip Code

Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Sex M____ F____ E-mail _____

Denomination: ____UMC, ____AME, ____AME Zion, ____CME, ____Other: _____

Conference _____ District _____

Are you/do you have... (Check yes or no)	Yes	No	Date of Certification, etc.*
Certified Candidate	<input type="checkbox"/>	<input type="checkbox"/>	
License to Preach	<input type="checkbox"/>	<input type="checkbox"/>	
Currently under appointment**	<input type="checkbox"/>	<input type="checkbox"/>	**If yes, check _____ full time or _____ part-time

Important Note: *If this is your first application to COS G-ETS, please provide a copy of your certificate of completion of licensing school or your current License for Pastoral Ministry. **If you don't have this information**, please contact the COS director Rev. James Haun for more information at 847-866-3861.

YOUR ACADEMIC HISTORY

High School/GED ____yes____no College/university # of hours ____ Degree awarded _____.

Graduate school _____ Degree awarded _____.

Seminary, # of hours _____ ; Where? _____.

District Superintendent approval of applicant to attend Course of Study School (COS)

I approve the attendance of this applicant to the Course of Study at Garrett-Evangelical Theological Seminary as a

____Local Pastor ____Other (please explain): _____

District Superintendent Signature **Print** your name clearly Date

 Address: Street name, number City State Zip Code

Annual Conference Local Pastor Registrar Signature **Print** your name clearly Date

 Address: Street name, number City State Zip Code

I hereby certify the information given is correct. I release my grades and pertinent information to the Board of Higher Education and Ministry of the United Methodist Church and to its counterpart in my annual conference. I recognize that participation in this event exposes me to hazards such as an automobile accident that may result in bodily injury and even death. For the opportunity to participate in this event, I am willing to accept these risks. I certify that I have health insurance in effect that will reimburse me for any medical expenses that I might incur.

 Signature of Applicant Date

-----For office use only -----

Chk # _____ date _____ Amt \$ _____ Director's Approval _____

Description _____ Date sent to registrar _____

Name _____ **GETS ID #** _____

CSS CLASSES in English meet in two sessions as follows in summer 2011

Session I July 10-19

AM

- ___ 111-E Pastor as Interpreter of the Bible
- ___ 211-E Hebrew Bible I
- ___ 311-E New Testament I
- ___ 411-E Hebrew Bible II
- ___ 511-E New Testament II

PM

- ___ 113-E Pastoral Care for Spiritual Formation
 - ___ 213-E Formation for Discipleship
 - ___ 313-E Our Mission from God: Evangelism
 - ___ 413-E Worship & Sacraments
 - ___ 513-E Our Mission From God: Transforming Agent
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Session II July 20-29

AM

- ___ 112-E Theology in the Wesleyan Spirit
- ___ 212-E Theological Heritage: Early and Medieval
- ___ 312-E Our Theological Heritage: The Reformation
- ___ 412-E The Wesleyan Movement
- ___ 512-E Contemporary Theology

PM

- ___ 114-E Pastoral Leadership and Administration
 - ___ 214-E Practice of Preaching
 - ___ 314-E Pastoral Care and Counseling
 - ___ 414-E Personal & Social Ethics
 - ___ 514-E Theology and Practice of Ministry
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HMONG CLASSES Meet July 17-29

- ___ 111-H Pastor as Interpreter of the Bible
- ___ 112-H Theology in the Wesleyan Spirit

- ___ 113-H Pastoral Care for Spiritual Formation
- ___ 114-H Pastoral Leadership and Administration

Homework is available to be downloaded from www.garrett.edu

2010 Assignments for the courses I've selected ___ already received ___ please send

Note: Homework is due June 15!!! ← PLEASE NOTE THIS DUE DATE

COURSE REGISTRATION FEES*

If paid on or before January 31, 2011, \$75 per session**

If paid between February 1 and May 1, 2011, \$85 per session**

If paid between May 2 and June 1, 2011, \$135 per session ** (no refunds after May 1, 2011)**

*We cannot register you if registration fee is not received with this form.

Make **checks payable** to: G-ETS Course of Study School

Send this form, with your registration fee to: GETS Course of Study
2121 Sheridan Rd., Evanston, IL 60201

Note: We reserve the right to cancel any class due to size.

___ I want my tuition expenses to be charged to this credit card: (Housing, parking and meal charges are on a separate form)

Name of cardholder _____
Name as it appears on the card

Type _____ Expiration date _____
American Express, Discover, Visa, Mastercard

Credit Card # _____ ** (_____)
**include the 3 digit code on the back of the card

Cardholder signature* _____
Signature of name as it appears on the card

*The signature is your authorization to Garrett to charge student's tuition expenses to credit card