

**DISTRICT SUPERINTENDENT AND LOCAL PASTOR REGISTRAR APPROVAL
OF APPLICANT TO ATTEND THE 2020 COURSE OF STUDY SCHOOL (COS)**

Email this completed two-page form to cos@garrett.edu or mail to:

Garrett-Evangelical Theological Seminary
Course of Study Office
2121 Sheridan Road
Evanston, IL 60201

Or if you prefer, have your DS and LPR email their approval directly to cos@garrett.edu

****Your registration will not be complete until this signed form has been submitted to the Course of Study Office****

Student Name: _____
Last First Middle

Conference: _____ District: _____

District Superintendent approval of applicant to attend the 2020 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 Printed Name and Signature Date

Address: Street name, number City State Zip Code

Email Address: _____

Annual Conference Local Pastor Registrar Printed Name and Signature Date

Address: Street name, number City State Zip Code

Email Address: _____

Financial Responsibility Statement: Course of Study School 2020

Garrett ID # _____

Student's printed name

I understand that I am responsible for all costs incurred as a student in COS. I understand that payment in full is due prior to the first day of class. Unpaid balances from previous years will result in my being refused admission to the COS program. All balances must be paid prior to or upon arrival.

Signature _____ Date _____

I will pay in the following manner:

- I will pay all my own expenses.
- Some portion of my expenses will be paid by the parties listed below.
- All my expenses will be paid by the parties listed below.

Annual Conference

The Board of Ordained Ministry of _____ Annual Conference
will be responsible for \$ _____ or _____ % per session.

Name of Conference Local Pastor Registrar* _____

Phone Number _____ Email _____

Signature _____ Address _____

District **Local Congregation** **Other (please specify):** _____

(District/UMC name) _____ will be responsible for \$ _____ or _____ % per session

Name of responsible party * _____

Phone Number _____ Email _____

Signature _____

These signatures denote a commitment to be responsible for any outstanding balance of the student up to noted amount.

Full payment is required prior to the first day of class. All costs related to Course of Study School will be billed directly to the student and no grades will be released in case of unpaid balance.
Garrett *accepts* Visa, Mastercard, Discover and American Express.

If paying by check, make payable to: Garrett-Evangelical Theological Seminary

Send payment to: Garrett-Evangelical Theological Seminary
 Course of Study School
 2121 Sheridan Rd.
 Evanston, IL 60201

Note: The student is responsible to forward the statement/bill to the responsible parties who signed this form.