GARRETT-EVANGELICAL THEOLOGICAL SEMINARY - COURSE OF STUDY SCHOOL (COS/ECE) FINANCIAL RESPONSIBILITY FORM

Your COS/ECE application will not be complete until all forms have been completed, signed and uploaded to your COS/ECE online application portal

Student Name

Last First Middle

Conference **District** **PID #**

Anticipated Enrollment Year ☐ **Spring** ☐ **Summer I** ☐ **Summer II** ☐ **Fall**

Program of interest *(select one)*

☐ Course of Study School in English (COS)
☐ Escuela del Curso de Estudio (ECE)
☐ Licensing School in English (ELS)
☐ Escuela de Licencia en Español (SLS)

District Superintendent Printed Name **Email Address**

Local Pastor Registrar Printed Name **Email Address**

I, **Garrett Student ID #**

(Student Name)

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.

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.

Student signature **Today's Date**

☐ **Annual Conference**

The Board of Ordained Ministry of Annual Conference
Will be responsible for $ or % per session.
Name of Conference Local Pastor Registrar
Address
Phone Number Email
Signature

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

District/UMC name
Will be responsible for $ or % per session.
Name of Conference Local Pastor Registrar
Address
Phone Number Email
Signature

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

Payment is required prior to the first day of class. All costs related to the Course of Study School (COS/ECE) will be billed directly to the student.
In case of unpaid balances, no grades will be released to GBHEM.

If paying by check, make payable to Garrett-Evangelical Theological Seminary**.** Please include in the memo line: COS program, your name, Garrett ID# or PID#

Send payment to: **Garrett-Evangelical Theological Seminary**
C/O Student Accounts
2121 Sheridan Rd.
Evanston, IL 60201

Garrett *accepts* Visa, Mastercard, Discover and AmeX**.**

Note: Students are responsible for forwarding their statement/bill to the parties responsible who signed this form.