

**Registration Form**

PID # \_\_\_\_\_

**Indiana Extension Course of Study**

**Fall 2010 - Spring 2011**

**School**

**Fall Registration deadline is July 31, 2010**

**Please Fill out information** (print clearly or type)

**Spring Registration deadline is December 15, 2010**

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 \_\_\_\_\_ Completion of License Studies Date \_\_\_\_\_

Annual Conference \_\_\_\_\_ District: \_\_\_\_\_

Appointed (circle one) Yes No Charge now serving \_\_\_\_\_

Minister, other Denomination taking United Methodist History, Theology, Polity courses. [112, 114, 412]

MOD or other non Local Pastor serving a U.M. Church and enrolling in a course.

**First weekend motel:** Request a motel room? (circle one) Yes No, I shall commute.

Room request: Non Smoking \_\_\_\_\_ Roommate \_\_\_\_\_ Private \_\_\_\_\_

If I do not register at the motel I shall cancel the reservation before 6:00 P.M. on Friday, the first week-end by notifying Dr. Cassel and/or the motel. **Private room** [ I will pay partial room cost of \$ 40.00 when registering at the motel]

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

**Registration for Courses**

Please register for the lowest numbered available course that you have not successfully completed.

- ⇒ **Choose one course for Fall 2010** Sept. 10,11 Oct. 9, Nov. 13, 2010
- Year I COS 111 Pastor as Interpreter of the Bible Dr. L. Wayne Smith
  - Year I COS 112 Theology in the Wesleyan Spirit Rev. Marvin D. Sweet
  - Year II COS 212 Our Theological Heritage: Early and Medieval Dr. Robert D. Newton
  - Year II COS 213 Formation for Discipleship Mrs. Marlene A. Fenstermacher
  - Year III COS 312 Theological Heritage: The Reformation Rev. John K. Wortinger
  - Year III COS 314 Pastoral Care and Counseling Dr. Jacqueline J. Chandler
  - Year IV COS 411 Hebrew Bible II Dr. Douglas A. Witt
  - Year IV COS 414 Personal and Social Ethics Dr. William R. Hemmig
  - Year V COS 511 New Testament II Dr. Gary M. Schaar
  - Year V COS 512 Contemporary Theology Dr. Gary L. Forbes
- [To be noted by the director] Syllabus for Course COS \_\_\_\_\_ Sent \_\_\_\_\_ Date)

- ⇒ **Choose one course for Spring 2011** Feb. 11 - 12, March 12, April 9, 2011
- Year I COS 113 Pastoral Care for Spiritual Formation Rev. August W. Lundquist
  - Year I COS 114 Pastoral Leadership and Administration Rev. David V. W. Owen
  - Year II COS 211 Hebrew Bible I Dr. Douglas A. Witt
  - Year II COS 214 Practice of Preaching Dr. Derek C. Weber
  - Year III COS 311 New Testament I Dr. Gary M. Schaar
  - Year III COS 313 Our Mission from God: Evangelism Dr. Andrew D. Kinsey
  - Year IV COS 412 The Wesleyan Movement Rev. John K. Wortinger
  - Year IV COS 413 Worship and The Sacraments Dr. J. Philip Klingler
  - Year V COS 513 Our Mission from God: Transforming Agent Rev. Darren Cushman Wood
  - Year V COS 514 Theology and Practice of Ministry Dr. Gary L. Forbes
- [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 Board 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**  
**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 another conference :** Go to item # 3 in the box immediately below.

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

*Assoc Director for Clergy Services:* The Rev. Sandy Harlan 301 Pennsylvania. Pkwy Suite 300, Indpls. IN 46280

**NOTE: INCOMPLETE FORMS WILL BE RETURNED TO THE SENDER**

<p><b>OTHER CONFERENCES:</b> Please check with your Conference regarding payment of tuition.                  Also, please give us this information:</p>				
<p>3. Address of your District Superintendent _____                  Local Pastor Registrar, Board of Ministry _____                  _____ [print name] _____ [Signed name]</p>				
<p>Address, Local Pastor Registrar, BOM _____                  _____</p>				
<p>Does your conference pay part of tuition? If so, the amount _____                  Name and address of the person to be billed for this tuition _____                  (Please print or type)</p>				
<p>_____</p>				
Address	(Please print or type)	City	State	Zip
<p><b>Make checks payable to:</b> <i>Indiana Conference UMC.</i> On the Memo line write: <b>COS</b>                  Send registration with at least \$50 to: <b>The Rev. Sandy Harlan, 301 Pennsylvania. Pkwy Suite 300, Indpls. IN 46280</b></p>				

**Please read the following about tuition and costs.**

Yearly tuition for two sessions of School [2010-2011] is \$ 450 for pastors in Indiana Conference. Pastors from other conferences pay \$ 550 for the year. Included: tuition, noon meal on Saturdays, a room on the first Friday [for non-commuters]. The Indiana Conference provides \$200 of the \$ 450 fee for students from this Conference. Conference contributions are not available for repeating a course (serious illness excepted).

Students pay the cost of text books, all personal expenses and the remaining tuition. The application fee is refundable until the deadline date. The remainder is due at the September session. For Spring Term only registrations, tuition for the spring term is due on the first day of that term. Please do not write below

<p><b>Director</b>                  Dr. Herbert Cassel                  1225 Cardinal Circle                  Franklin, IN 46131 2735                  Email cassel@uindy.edu                  PHONE: 317 -346 - 1813</p>	<p><b>Director</b>                  The Rev. J. Wilbur Yates,                  1502 Sanders Drive                  Auburn IN 46706                  Email jwyat@sbcglobal.net                  Phone 260 - 925 - 1167</p>	<b>Tuition</b>	<b>Check #</b>	<b>Amount</b>	<b>Date</b>	<b>Initial</b>	
		<b>Student</b>					
		<b>Church</b>					