**United Methodist Course of Study**

**Wesley Theological Seminary- Buffalo, NY Extension School**

**Kenmore UMC 32 Landers Rd. Kenmore NY 14217**

[www.unyumc.org/ministries/course-of-study-extension-school-buffalo-ny](http://www.unyumc.org/ministries/course-of-study-extension-school-buffalo-ny)

**Registration Form for Course of Study 2017-2018**. **Student** **ID** \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on name tag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PID#\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: High School\_\_\_ College Hours Completed\_\_\_\_ Degree(s) Awarded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please list all Degrees earned)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Information** (This information is required by the General Board)

\_\_\_African American \_\_\_Native American \_\_\_Hispanic/Latino. \_\_\_ Asian \_\_\_ European American

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Aug. 11-12 & Sept 15-16**  **2017** | **Oct. 13-14 & Nov 17-18**  **2017** | **Jan. 12-13 & Feb. 9-10**  **2018** | **Mae. 9-1- & Apr. 13-14**  **2018** |
|  | *Registration Due: 6-2-17*  *Tuition Due: 6-27-17* | *Registration Due: 8-14-17*  *Tuition Due: 8-29-17* | *Registration Due: 11-8-17*  *Tuition Due: 11-28-17* | *Registration Due: 1-7-18*  *Tuition Due: 1-22-18* |
|  |  |  |  |  |
| **Year**  **1** | **COS-123** Formation and  Discipleship | **COS-122** Theological Heritage I:  Introduction | **COS-124** Transformative  Leadership | **COS-121** Bible I: Introduction |
| **Year**  **2** | **COS-224** Administration  and Polity | **COS-221** Bible II: Torah &  Israel’s History | **COS-223** Worship and Sacraments | **COS-222** Theological Heritage II:  Early Church |
| **Year**  **3** | **COS-321** Bible III: Gospels | **COS-322** Theological Heritage III:  Medieval-Reformation | **COS-324** Preaching | COS-323 Congregational Care |
| **Year**  **4** | **COS-424** Ethics | **COS-422** Theological Heritage IV:  Wesleyan Movement | **COS-421** Bible IV: Prophets,  Psalms & Wisdom Literature | **COS-423** Mission |

\_\_\_Male \_\_\_Female Date of Birth \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Course Enrollment Information**

What year of Course of Study School will you be attending? \_\_\_Year 1 \_\_\_Year 2 \_\_\_Year 3 \_\_\_Year 4

Course Name & Number you are registering for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Students must fill out a separate registration form for each course)

**All Courses offered at Buffalo, NY Extension School**

##### Registration Fee

Please enclose the non-refundable registration fee of $75 per course. Make checks payable to **Upper NY Conference** and write the

course number in the memo line. Registrations do not take effect until the registration fee is received. *A late fee of $25.00 will be*

*charged for all registration forms not postmarked by the due date.*  A *$50 late fee will be charged for tuition checks not postmarked by*

*the due date.*

**Please mail to: Buffalo COS - Kenmore UMC**

**32 Landers Rd Barbara Sercu, Office: 716-875-5091 x206**

**Kenmore, NY14217 Rev. Gail Lewis, Director: 716-984-1144**

**Church Status**

Conference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you appointed to a church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full time\_\_\_\_ Part time\_\_\_\_

Name of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed studies for license as a Local Pastor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Emergency Contact

Please list the name and phone number of the person you wish to have contacted in case of emergency.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Special Physical Conditions

Please list below any special physical conditions we should be aware of: This would include, difficulty with stairs, diabetes,

heart ailments, allergies, physical limitations or other needs so we can better plan meals and special events.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Housing

Students are responsible for arranging their own overnight accommodations.

**Student Signature**

I give authorization for my records for Course of Study to be reported to the Division of Ordained Ministry and my Conference

and/or District Board of Ordained Ministry.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Superintendent Signature**

This Local Pastor is authorized by my District to attend Wesley Theological Seminary’s Buffalo, NY Course of Study

Extension School in 2015-16. Your DS Can forward your check and registration to the Local Pastor Registrar.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference Registrar Signature: Betsy O'Flynn 1100 South Goodman St. Rochester NY 14620**

This Local Pastor is authorized by our Conference to attend Wesley Theological Seminary’s Buffalo, NY Course of

Study Extension School in 2015-16.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate here the amount of financial support from your Conference for this student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Local Pastor Registrar will forward the registration and registration fee to COS.

**EACH** **REGISTRATION** **MUST** **INCLUDE ALL 3 OF THE ABOVE SIGNATURES !**

**Rev. 8/2017**