**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 *2018-2019*** (please print) **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 10-11 & Sep 14-15****2018** | **Oct 12-13 & Nov 9-10****2018** | **Jan 11-12 & Feb 15-16****2019** | **March 15-16 & May 3-4****2019** |
|  | Registration Due: 6-11-18Tuition Due: 6-26-18 | Registration Due: 8-14-18Tuition Due: 8-28-18 | Registration Due: 11-13-18 Tuition Due: 11-27-18 | Registration Due: 1-15-19 Tuition Due: 1-29-19 |
|  |  |  |  |  |
| **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, 32 Landers Rd, Kenmore, NY**

##### 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, bufcosoffice@gmail.com**

 **Kenmore, NY14217 Rev. Gail Lewis, Director: 716-984-1140, bufcosdirector@gmail.com**

**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: allergies/special diet, difficulty with stairs, diabetes, heart ailments, physical limitations or other needs so we can better plan meals and special events.

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

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

##### 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 2018-19. Your DS can forward your check and registration to the Local Pastor Registrar or your

 local Conference Registrar.

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

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

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

**Conference Registrar Signature: Betsy O'Flynn 1100 South Goodman St. Rochester NY 14620 (or your local conference registrar).**

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

 Study Extension School in 2018-19.

 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* !\*\*\*\***

**Revised 02/2018**