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**Upper New York Annual Conference
Board of Ordained Ministry**



Date: _____

To: Board of Ordained Ministry
Betsy O’Flynn, Course of Study Registrar
PO Box 23206
Rochester, NY 14692

From:
District:

Re: Course of Study Reimbursement
Attached please find the COS Grade Sheet(s)
for reimbursement
(must be requested in the same calendar year
as completion of the course).

Please list course number(s): _____

Please check one of the following:

Course is a
“course in residence” _____ or “by correspondence” _____

Payment of \$125/course following the receipt of this letter and
the grade form listing a grade of “C” or better for a course in
residence

Payment of \$50/course following the receipt of this letter and
the grade form listing a grade of “C” or better for a course by
correspondence

Once both forms have been received by registrar, a request will
be submitted to the conference office

Check will be mailed to you from the conference office with
your reimbursement amount