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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
 1050 East Avenue
 Rochester, NY 14607

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" _____

I understand the reimbursement policy to be as follows:

- 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