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