



Date: _____

To: Board of Ordained Ministry
Cindy Muder, Course of Study Registrar
PO Box 207
Washington Mills, NY 13479

Student Requesting Reimbursement: _____

Name of Student's District: _____

Re: Course of Study Reimbursement, attached, please find the COS Grade Sheet(s) for reimbursement. (Please note: these requests must be made in the same calendar year as completion of the course took place).

Please list course number(s): _____

Select 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 higher 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 higher for a course by correspondence.
- Once both forms have been received and processed by the registrar, a request will be submitted to the conference office.
- A check will be mailed to you from the conference office with the reimbursement.