



Date: \_\_\_\_\_

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

Student Requesting Reimbursement: \_\_\_\_\_

Address for remittance of any 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): \_\_\_\_\_

- Once both forms have been received and processed by the registrar, a request for a reimbursement of \$75/course will be submitted to the conference office.
- A check will be mailed to you from the conference office with the reimbursement.