



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.