COURSE OF STUDY FOR ORDAINED MINISTRY 2013-2016 CORRESPONDENCE/ONLINE ENROLLMENT FORM

Name					
Address	(Street)	(1)	City)	(State)	(Zip)
Home Phone ())		
E-mail Address					
	District				
Date and Place of Birth					
Dates Completed: Cand					e your PID #.
1	Studies of License				
Ministerial status: Full-time local pastor					
Part-time local pastor	Number of Years		Dates		
Student local pastor	Number of Years		Dates		
Please put a check after	Number of Years er the course numb	er for which	Dates you are regi	stering:	
1st Year	2nd Year				<u>ear</u>
#111	#211 🔲	#311 🔲	#411	#511	
#112 🔲	#212 🗌	#312 🗌	#412 🔲	#512	
#113 🔲	#213 🗌	#313 🗌	#413 🗌	#513	
#114 🗌	_	- —	_		_
Written material mu <u>YEAR</u> of registration		o the Course	of Study Of	ffice <u>withir</u>	ONE
FEE ENCLOSED		C	- d C		
(all fees paid are		er Correspor			
non-refundable):		er Online Co available at this til			1.
If you have que	estions or to reques	st information	please email	cos@gbhe	m.org
Enrollment approved	bv:				
T	- ,				
Signature of registrar of Confe Rev. Bob Lee 1727 Cypress Ca				Date	
Address	Street	(City	State	Zip
Signature of District Superint	endent			Date	
Address					
	Street The Course of S	City Study for Ordain	State ed Ministry	Zip	

The Course of Study for Ordained Ministry General Board of Higher Education & Ministry The United Methodist Church P.O. Box 340007, Nashville, TN 37203-0007