APPLICATION
for
SUMMER COURSE OF STUDY FOR ORDAINED MINISTRY
Duke Divinity School
July 5-July 31, 2009

Please complete both sides of the application. The Registration Fee for applications received before March 1, 2009 is $60. Applications received on or after March 1 will require a $85 registration fee. If your application is submitted after May 1, your conference scholarship may not be available upon your arrival. No registrations will be accepted after June 1, 2009. Registration fees are non-refundable.

Personal
Full Name ______________________________________________  Preferred Name _____________________________
(Last)                                                   (First)                                       (Middle)
Appointment __________________________ District ___________ Social Security # ________________
Gender: □ male □ female Ethnicity (optional) _______________ Conference __________________
Address
(Street)                                                                                                                  (City)    (State)  (Zip)
Phone (Work) __________________  Phone (Home) __________________  Fax __________________
E-mail ____________________________________________________________ Birthdate __________________
Spouse Name ____________________________________________ Size of Congregation(s) __________________
Candidacy Certification Date ________________________________ Licensing Studies Completion Date ______________
(required)    (required)
Conference Status: □ Full-time □ Part-time Are you currently under appointment? □ yes □ no
First time to Duke □ yes □ no Duke Endowment □ yes □ no

Education
High School / GED: □ yes □ no Community College (years completed?) __________________
4-year College (years completed?) __________________ Graduate Study (years completed?) __________
Current degree program? __________________ Status (years completed or credits?) ______________

Release
I authorize the release of Course of Study grades and other evaluative material to the Annual Conference Board of Ordained Ministry, to the Division of Ordained Ministry of the United Methodist Church, and to my district superintendent.

______________________________________________________________
Student’s signature  Date

***ONLY APPLICATIONS WITH ALL COMPLETED SIGNATURES WILL BE PROCESSED***

Application approved by:
District Superintendent (sign name)  Date

Print Name  Phone

Financial Aid
(Approved by Board of Ministry representative)

□ Financial aid awarded in the amount of:  

$ __________________

□ NO financial aid awarded

Conference Board of Ministry representative (sign name)  Date

Print name  Phone

** It is important to have your financial aid approved by the appropriate conference Board of Ministry official. If you are uncertain about whom this is, please contact the Local Pastor Registrar of your conference Board of Ordained Ministry.

(OVER)
Course of Study Status

Years completed: ______; Please list any courses for which you have credit by correspondence or from another school.

Registration

Please register me for the following courses:

**First Year**
- □ 111 Pastor as Interpreter of the Bible
- □ 112 Theology in the Wesleyan Spirit
- □ 113 Pastoral Care for Spiritual Formation
- □ 114 Pastoral Leadership and Administration

**Second Year**
- □ 211 Hebrew Bible I
- □ 212 Theological Heritage: Early and Medieval Christianity
- □ 213 Formation for Christian Discipleship
- □ 214 Practice of Preaching

**Third Year**
- □ 311 New Testament I
- □ 312 Our Theological Heritage: The Reformation
- □ 313 Our Mission from God: Evangelism
- □ 314 Pastoral Care and Counseling

**Fourth Year**
- □ 411 Hebrew Bible II
- □ 412 Wesleyan Movement
- □ 413 Worship and Sacraments
- □ 414 Personal and Social Ethics

**Fifth Year**
- □ 511 New Testament II
- □ 512 Contemporary Theology
- □ 513 Our Mission from God: Transforming Agent
- □ 514 Theology and the Practice of Ministry

**Advanced Courses**

*If you are registering for Advanced Courses, you must have an undergraduate degree.*
- □ ADVPOL UM POLITY
- □ ADVBIB ADVANCED BIBLE
- □ ADVHIS UM HISTORY
- □ ADVMIS MISSIONAL LEADERSHIP & PRACTICE
- □ ADVDOC UM DOCTRINE
- □ ADVEVA ADVANCED EVANGELISM

DO YOU PLAN TO GRADUATE from BASIC Course of Study in JULY 2009? □ YES □ NO
DO YOU PLAN TO GRADUATE from ADVANCED Course of Study in JULY 2009? □ YES □ NO

Process

Attach your non-refundable registration fee of $60.00 (make check payable to Duke Divinity School) and mail your completed application before March 1 to:

Registrar, Course of Study
Duke Divinity School
312 Blackwell Street, Suite 101
Durham, NC 27701

***ONLY APPLICATIONS WITH ALL COMPLETED SIGNATURES WILL BE PROCESSED***

Applications received on or after March 1 will require a $85.00 registration fee. No applications will be accepted after June 1, 2009. Access to booklists, book order forms, and pre-class assignments for each course will be made available to the student once a completed application is received. Any questions regarding your application should be directed to 919.613.5323 or e-mail leadership@div.duke.edu
Summer Course of Study  
July 5-July 31, 2009  
Summer Housing Application  

Please return this application before April 2, 2009. Please type or print in black ink. Questions? Call Conference Services at (919) 660-1760.

Name: _______________________________________________________________________________

Street Address:________________________________________________________________________

City: ____________________________________________  State: _______ Zip: __________

Home Phone ________________________ Work Phone : ______________________

Email Address ________________________________________________________________

Your program dates are July 5 – July 31, 2009. Check-in begins in the Westbrook Lobby on Sunday, July 5 at 3:00pm and ends at 7:00pm. Check-in will also be held during registration on Monday, July 6 from 8:00am to 11:30am. For 2009 check-out must be before 1:00pm on Friday, July 31. Please plan travel arrangements accordingly.

Arrival date: ___________________________ Approx. arrival time: ________________________

Departure date: _________________________ Approx. departure time: ______________________

CENTRAL CAMPUS APARTMENT REQUEST (air-conditioned)
Your request does not insure your space or the availability of the type of apartment requested. You will receive confirmation as soon as available space can be verified. Rental Rates are estimates; final rate confirmation will be confirmed prior to your arrival on campus.

Type requested: (rank 1st, 2nd and 3rd choices)  

<table>
<thead>
<tr>
<th>Type</th>
<th>RENTAL RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 bedroom (with 2 single beds, 1 bathroom)</td>
<td>$51.00 per night (two people - $25.50 per night, per person)</td>
</tr>
<tr>
<td>2 bedroom suite (each with a single bed, 1 bathroom)</td>
<td>$51.00 per night (two people - $25.50 per night, per person)</td>
</tr>
<tr>
<td>2 bedroom (each with a double bed, 1 bathroom)</td>
<td>$62.00 per night (two people - $31.00 per night, per person)</td>
</tr>
<tr>
<td>3 bedroom (each with a single bed, 2 bathrooms)</td>
<td>$83.00 per night (three people - $27.70 per night, per person)</td>
</tr>
</tbody>
</table>
RESIDENCE HALL REQUEST (air-conditioned)
Residence Halls are located on West Campus and are air-conditioned. Bathrooms are shared and are located on each floor. Linens are not provided. Rental Rates are estimates; final rate confirmation will be confirmed prior to your arrival on campus.

<table>
<thead>
<tr>
<th>Type requested: (rank 1st, 2nd, and 3rd choices)</th>
<th>RENTAL RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Single</td>
<td>$34.00 per night</td>
</tr>
<tr>
<td>_____ Double</td>
<td>$26.50 per person, per night</td>
</tr>
<tr>
<td>_____ Double as a Single</td>
<td>$43.00 per night</td>
</tr>
<tr>
<td>_____ Gender</td>
<td></td>
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</tbody>
</table>

ROOMMATE ASSIGNMENTS
I would like to share housing with:

_____ No one (Available only for 1 bedroom apartments & single and double as single residence hall rooms.)

_____ My family (list names) Adults: ___________________________ Children: ___________________________ (ages) ___________________________

_____ Roommate(s) of my choice (To be assigned your requested roommate, both you and the requested roommate(s) must specify each other on the application.)

Requested roommate(s) name(s), address(es), and phone number(s):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

_____ Please arrange a roommate for me if possible. (If a roommate is not available, you may request to be assigned to a different type of apartment or you have the option of paying the full price for the accommodations you requested.)

PERSONAL DATA (For those applicants who wish to be placed with a roommate.)

Male or Female? _______ Age: _____

Important lifestyle features and roommate concerns: ________________________________

Note: All campus housing is non-smoking

PAYMENTS/DEPOSITS

1. $50.00 rent deposit - Due with application. This deposit will be credited to your total rent owed.

2. $50.00 damage deposit - Due with application. Refundable.

3. $65.00 key deposit - Due with application. Refundable. Deposit required for each key requested

Due at COS Registration – Balances due at check-in. Cash, checks, Traveler’s checks, or credit cards (Visa, MasterCard, American Express, or Discover) are acceptable. Applications for phone and cable service will be available for a one-time installation fee of approximately $15.00 and a service charge of approximately $43.00 per month. Payment for services will be due in full. Service must be connected by Duke Office of Information Technology. Local phone service, "0" plus dialing (collect and credit card), and voice mail are available. Direct dialing of long distance calls is unavailable. Neither Duke Office of Information Technology nor Duke Conference Services will have phone units available for rent.
CANCELLATION/REFUND POLICY

Cancellations must be received in writing no later than two weeks prior to your scheduled arrival date to receive a full refund. The $50.00 rent deposit will be forfeited for cancellations received less than two weeks prior to the scheduled arrival date. The $50.00 rent deposit and the $50.00 damage deposit will be forfeited for cancellations received after your scheduled arrival date.

Any participant planning to vacate campus housing earlier than indicated on the application must give notice in writing to Conference Services at least one week before departure. Rent charges will be recalculated. If the one-week written notice is not given, the participant will be charged for one week of rent from the date of his/her departure.

PAYMENT INFORMATION

All requests for campus housing must be accompanied by the $50.00 rent deposit, the $50.00 damage deposit, and the key deposit (number of keys requested X $65.00). All residents will be issued at least one key. The minimum key deposit is $65.00 (1 key). The $50.00 rent deposit will be credited to your total rent owed. The $50.00 damage deposit and key deposits will be returned within 60 days of your departure from Duke provided there are no damages to your campus housing.

<table>
<thead>
<tr>
<th>Housing Deposit</th>
<th>$50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage Deposit</td>
<td>$50.00</td>
</tr>
<tr>
<td>Key Deposit</td>
<td># keys x $65.00 = $</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
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</table>

_____ I have included a check payable to Duke University  
_____ Please charge my credit card account.  

Credit card# __________________________ Expiration Date__________________  
_____ Visa _____ MasterCard _____ Discover _____ American Express  

Signature_________________________________________________________________________  
(If paying by credit card you may fax all pages of your housing request to 919-660-1769.)

Housing arrangements will be confirmed at least two weeks prior to your arrival. Addresses may not be available until check-in day. You will receive information regarding the check-in location. My signature below certifies I have read the terms and procedures and agree to abide by the terms and conditions given.

Applicant Signature ____________________________________________ Date ________________

Return completed application before April 2, 2009 to:  
Duke University Conference Services  
Box 90841  
Durham, NC 27708-0841  
Phone (919) 660-1760  
FAX (919) 660-1769
<table>
<thead>
<tr>
<th>CLASS PERIOD</th>
<th>FIRST YEAR</th>
<th>SECOND YEAR</th>
<th>THIRD YEAR</th>
<th>FOURTH YEAR</th>
<th>FIFTH YEAR</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:30 a.m.</td>
<td>111: Pastor as Interpreter of the Bible Mickey Efird</td>
<td>211: Hebrew Bible Jamie Ashmore</td>
<td>314: Pastoral Care and Counseling David Keck</td>
<td>412: Wesleyan Movement Belton Joyner</td>
<td>512: Contemporary Theology Fr. Edward Rommen</td>
<td>9:30-10:25 a.m. Worship &amp; Fellowship</td>
</tr>
<tr>
<td>9:35-10:25 a.m.</td>
<td>Worship &amp; Fellowship</td>
<td>Worship &amp; Fellowship</td>
<td>Worship &amp; Fellowship</td>
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<td>Worship &amp; Fellowship</td>
<td></td>
</tr>
<tr>
<td>10:30-11:30 a.m.</td>
<td>113: Pastoral Care for Spiritual Formation David Keck</td>
<td>212: Historical Theology, Early and Medieval Sheryl Overmyer</td>
<td>311: New Testament Mickey Efird</td>
<td>414: Pastoral and Social Ethics Melanie Hughes</td>
<td>514: Theology and Practice of Ministry Jenny Copeland</td>
<td>10:30-11:45 a.m. UM History Belton Joyner Missional Leadership &amp; Practice Roger Owens</td>
</tr>
<tr>
<td>214: Preaching back-up</td>
<td></td>
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</tbody>
</table>

Class schedule for Monday, July 6, 2009 ONLY:
- Basic Course I: 2:00-2:30 p.m.
- Advanced I: 2:00-2:45 p.m.
- Basic Course II: 2:45-3:15 p.m.
- Advanced II: 3:00-3:45 p.m.
- Basic Course III: 3:30-4:00 p.m.
- Advanced III: 4:00-4:45 p.m.
- Basic Course IV: 4:15-4:45 p.m.