

2009 EMORY COURSE OF STUDY SCHOOL

HOUSING REQUEST FORM

Housing Request Form must accompany your Emory Course of Study School

Registration Form and Fees

Due March 31, 2009

Mail to: Emory Course of Study, Candler School of Theology

1535 Dickey Drive, Atlanta, GA 30322

Phone: 404.727.4587

Please type or print all information and check the appropriate boxes.

Name: (Last) (First) (Middle)

Address: (Street or Box) (City) (State) Zip

Home Phone: Cell Phone:

Email:

The 2 bedrooms/2 bath apartments are available only to students with families of three or more persons. This space is limited and will be assigned on a priority basis. Students in the 4 bedroom/2 bath apartments will share this space with three COS students. All apartments have a washer/dryer, central heat and air-conditioning, internet access, and a full kitchen which includes a refrigerator, oven, stove, dishwasher, disposal, and microwave. All bedrooms have full size beds, dresser, nightstand, lamp, desk, and closet. All floors are accessible by elevator. The resident hall is accessible from a gated parking garage. For more information including floor plans and to view a room you can visit http://www.emory.edu/HOUSING/CLAIRMONT/ccugrad.html.

ROOM REQUEST: (The following information is used to place you in an appropriate room. Please be specific about your needs.)

- 1. I am attending: Full 4-week sessions (A&B July 6-July31, 2009) (Check-in July 4-5, 2009)
First 2-week session (A July 6-17, 2009) (Check-in July 4-5, 2009)
Second 2-week session (B July 20-31, 2009) (Check-in July 19, 2009)
2. I am: Male Female
3. Will you need a wheel chair accessible room? YES NO
4. I am requesting:
A single room in a 4 bedroom apartment
(\$360for 2 wks or \$700 for 4 wks - includes activity fee)
Roommate requests: / /
Please only list a maximum of three roommate choices
5. My Spouse is: not attending attending the entire time attending part of the time (dates:)
Spouse's Name, if attending (for nametag):
6. I am requesting:
A 2 bedroom apartment - if your spouse will be attending the entire time you will need to request an apartment
(\$585or 2 wks or \$1190for 4wks - includes activity fee)
I will have number of family members with me
My family will attend: the entire time part of the time (dates:)

PLEASE NOTE: ALL STUDENTS WILL BE CHARGED FOR THE DURATION OF THEIR TIME ON CAMPUS. NO DISCOUNTS WILL BE GIVEN FOR THOSE WHO LEAVE ON WEEKENDS.

**MAKE SURE YOU COPY ALL PARTS OF EVERY ASSIGNMENT.
THE COURSE OF STUDY OFFICE WILL NOT BE RESPONSIBLE
IF YOUR WORK IS LOST.**

COVER SHEET – Summer 2009

This cover sheet must be attached to the precourse assignments for each course!
(Staple this sheet and all parts of the assignment together.)

Emory Course of Study School

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Full Time Local Pastor: _____ Part Time Local Pastor: _____ Conference: _____

Course Number: _____ Name of Course: _____

Session A: _____ (First Session) Session B: _____ (Second Session)

Instructor: _____

I have read the plagiarism definition below and verify by signing my name to this cover sheet, that this assignment represents my own work, except where credit is given. I have also made copies of this assignment and I will bring them with me to class in the event that any of my work is misplaced.

Student's Signature

Date

Send Precourse Assignments

(POSTMARKED by May 1, suggest with a Tracking Receipt) to:

Course of Study
Candler School of Theology
1531 Dickey Drive
Emory University
Atlanta, GA 30322

Plagiarism Defined

“You plagiarize when, intentionally or not, you use someone’s words or ideas but fail to credit that person. You plagiarize even when you do credit the author but use his exact words without so indicating with quotation marks or block indentation. You also plagiarize when you use words so close to those in your source, that if your work were placed next to the source, it would be obvious that you could not have written what you did without the source at your elbow. When accused of plagiarism, some writers *claim I must have somehow memorized the passage. When I wrote it, I certainly thought it was my own.* That excuse convinces very few.”

From page 167 of *The Craft of Research* by Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams, published in 1995 by The University of Chicago Press in Chicago

COS Office Use Only	Date Received: _____
Check # _____	Amount _____
Sent _____	Housing _____ DS-Sign _____ LPR sign _____

2009 EMORY BASIC COURSE OF STUDY SCHOOL REGISTRATION FORM
Registration Deadline is March 31, 2009

Late registration deadline May 1, 2009; please add a \$10 late fee per course if registering after April 1, 2009

ALL Precourse Assignment must be POST MARKED no later May 1, 2009.
(Precourse work postmarked after May 1 will receive grade penalty)

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred First Name: _____ Annual Conference: _____

Address: _____
(Street) (City) (State) (Zip)

Daytime Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____ Birth Date: _____

- I am a **first time** student to Emory COS in Atlanta.
- I am a **returning** student to Emory COS in Atlanta.
- I plan to **graduate** from the Basic Course of Study program in 2009.
- I will need Housing (**housing form enclosed**)
- I will be a commuter (housing form not needed)

Demographic Information: Optional

(This information will be used only in accordance with Title IX of the Education Amendments of 1972.)

Gender: Male Female

(This information will be used only in accordance with Title VI of the Civil Rights Act of 1964.)

Predominant Racial/Ethnic Background:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- White/Non-Hispanic
- Other: _____

Conference Status: (check one below) Date of Licensing: _____

Current Appointment: _____ DISTRICT _____

- Full-time Local Pastor
- Part-time Local Pastor
- Probationer
- Associate Member
- Student
- Other: _____

ALL STUDENTS MUST attach a copy of your validated License for Pastoral Ministry for this registration to be complete. We do not retain these from year to year

Please type or print all information. Obtain required signatures before you apply. We encourage you to photocopy all materials for your records.

Educational Background:

Please list highest educational degree obtained (high school, trade school, college, graduate work, etc.).

Name of Institution _____ Years Attended _____ Degree Earned _____

Courses that I plan to take: Refer to pp.58 of the 2008 COS student handbook or our website course listing.

Please include course number and name: i.e., 211 – Hebrew Bible I.

First Session (A): July 6 - July 17, 2009

Second Session (B): July 20 – July 31, 2009

8:00-9:50 _____

8:00-9:50 _____

11:15-1:05 _____

11:15-1:05 _____

Please print the name and phone number of the person to contact in the event of an emergency:

Name Relationship to Student Area code/Phone number

Student's Signature: _____ Date _____

By signing you give our office permission to release your grades to the General Board of Higher Education and Ministry and your Annual Conference.

To your District Superintendent: This applicant has my approval to attend the Emory Course of Study School.

District Superintendent's Signature Date DS Name (Please Print)

Email Phone Fax

To your Annual Conference's Board of Ministry Local Pastor Registrar:

A scholarship in the amount of \$ _____ (for 2 weeks) or \$ _____ (for 4 weeks) has been awarded to the applicant on behalf of the _____ annual conference.

Local Pastor Registrar's Name (please print) Signature Date

Email Phone Fax

Make check payable to Emory University and mail to:

Please mail your completed registration form and your **NON-REFUNDABLE** registration fee to:

\$125 for 2 weeks or \$250 for 4 weeks

Late FEES \$145 for 2 weeks or \$290 for 4 weeks

Course of Study
Candler School of Theology
1531 Dickey Drive
Atlanta, GA 30322

*Please type or print all information. Obtain required signatures before you apply.
We encourage you to photocopy all materials for your records.*