

MSCOS Registration Form

Winter Spring Course Name: _____

Summer Fall Course Number: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ PID#: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Birth Date: _____ Gender: _____ Title: _____

Licensing School Attended: _____ Date Completed: _____

Educational Experience: _____ Date Completed: _____

Educational Experience: _____ Date Completed: _____

Annual Conference: _____

District: _____ Charge: _____

DS: _____ Local Pastor Registrar: _____

In addition to this form, you **must** also register online for each class that you are taking. Online Registration forms can be found at www.centerforministry.com.

Do you need Lodging? Lodging information can be found on the online registration form.

You may pay the Center for your Course and Lodging (if you choose our option) on line by following the link on your registration form, in person on class day, or you may mail in your check.

Student Signature* Date

***By signing above, I, the student, confirm that I have read and agree to the policies and guidelines of the MSCOS School as outlined in the most recent 2021 MSCOS brochure/catalog (as found on the CFM website), and to any additional policies set forth by the GBHEM and The UM Course of Study School at Emory.

DS Signature Date

Annual Conference Local Pastor Registrar Signature Date