

Upper Midwest Extension Course of Study School

Fall 2011-Spring 2012 Registration Form

An extension of Garrett-Evangelical Theological Seminary at Morningside College, Sioux City, IA

Instructions

1. You must be under part-time appointment.
2. Please print or type to complete this Registration Form and the Health Insurance Verification Form.
3. If this is your FIRST time registering with UMECOSS, send a copy of your current License for Pastoral Ministry.
4. Registration deadline is July 29, 2011 for fall 2011 classes, and January 27, 2012 for spring 2012 classes. Enclose a \$75 non-refundable registration fee for the class you are registering for. (Checks made payable to Iowa Annual Conference).
5. Obtain required signatures of District Superintendent and annual conference registrar.
6. Send to Cathy Van Gundy, UMECOSS Registrar, 4404 Pondora Pt., Panora, IA 50216
7. Final payment for session tuition of \$225 is due one month prior to first class session (August 9, 2011 for the fall session and February 9, 2012 for the spring session)
8. We reserve the right to cancel any class due to size.

Name (Last, First, MI)				
Address (Street/City/State/Zip)				
Home Phone:		Work Phone:		Cell Phone:
Date of birth: (mm/dd/yy)		Sex: ___ M ___ F	E-mail:	
Denomination:			Conference:	
District:			Charge:	
If you have any special needs, please list:				
Yes No Date of Certification, etc.				
Certified Candidate?		<input type="checkbox"/>	<input type="checkbox"/>	
License to Preach?		<input type="checkbox"/>	<input type="checkbox"/>	
Currently under appointment?		<input type="checkbox"/>	<input type="checkbox"/>	If yes, check _____ full time or _____ part-time
YOUR ACADEMIC HISTORY				
High School/GED		___ Yes ___ No		
College/university # of hours:		Degree awarded & date:		
Graduate school:		Degree awarded & date:		
Seminary, # of hours:		Where?		
PLEASE CHECK COURSE OF STUDY WORK COMPLETED				
___ 111 Pastor as Interpreter of the Bible	___ 211 Hebrew Bible I	___ 311 New Testament I	___ 411 Hebrew Bible II	___ 511 New Testament II
___ 112 Theology in the Wesleyan Spirit	___ 212 Theological Heritage: Early and Medieval	___ 312 Theological Heritage: Reformation	___ 412 Wesleyan Movement	___ 512 Contemporary Theology
___ 113 Pastoral Care for Spiritual Formation	___ 213 Formation for Discipleship	___ 313 Our Mission From God: Evangelism	___ 413 Worship and Sacraments	___ 513 Our Mission From God: Transforming Agent
___ 114 Pastoral Leadership & Admin.	___ 214 Practice of Preaching	___ 314 Pastoral Care and Counseling	___ 414 Personal and Social Ethics	___ 514 Theology and the Practice of Ministry

I hereby certify the information given is correct. I release my grades and pertinent information to the Board of Higher Education and Ministry of the United Methodist Church and to its counterpart in my annual conference. I recognize that participation in this event exposes me to hazards such as an automobile accident that may result in bodily injury and even death. For the opportunity to participate in this event, I am willing to accept these risks. I certify that I have health insurance in effect that will reimburse me for any medical expenses that I might incur.

I certify that I have downloaded/received and read the UMECOSS Handbook and Policies.

x _____
Signature of Applicant Date

Please check the course(s) you are registering for:

Fall 2011 – September 9-10, and October 7-8, 2011

- ___ 111 Pastor as Interpreter of the Bible
- ___ 214 Practice of Preaching

Spring 2012 – March 9-10, and April 20-21, 2012

- ___ 112 Theology in the Wesleyan Spirit
- ___ 213 Formation for Discipleship

- **Homework assignments will be downloadable from our web pages at www.iaumc.org.**
- **UMECOSS Handbook and Policies can also be downloaded from the UMECOSS web pages at www.iaumc.org.**

Contact information:

Director: Rev. Ed Kail
 1201 E. 7th Street, Suite 300
 Atlantic, IA 50022
 e-mail: ed.kail@iaumc.org
 Phone 712-243-8573

Registrar: Rev. Cathy Van Gundy
 4404 Pondora Pt.
 Panorama, IA 50216
 e-mail: vangundy@netins.net
 Phone 641-755-2043

District approval of applicant to attend Extension Course of Study School (COS)

I approve the attendance of this applicant to the Course of Study at Upper Midwest Extension Course of Study as a
 _____ Part-time Local Pastor
 _____ Other (please explain): _____

x	
District Superintendent Signature	Print your name clearly
Address (Street/City/State/Zip):	
E-mail Address:	Date:

x	
Annual Conference Local Pastor Registrar Signature	Print your name clearly
Address (Street/City/State/Zip):	
E-mail Address:	Date:

For office use only

Date Recd	Copy to Dir	Lic Recd
Reg \$ sent	Tuition \$ sent	Ins Recd