

**DISTRICT SUPERINTENDENT AND LOCAL PASTOR REGISTRAR APPROVAL  
OF APPLICANT TO ATTEND THE 2019 COURSE OF STUDY SCHOOL (COS)**

Email this completed two-page form to [cos@garrett.edu](mailto:cos@garrett.edu) or mail to:

Garrett-Evangelical Theological Seminary  
Course of Study Office  
2121 Sheridan Road  
Evanston, IL 60201

Or if you prefer, have your DS and LPR email their approval directly to [cos@garrett.edu](mailto:cos@garrett.edu)

\*\*Your registration will not be complete until this signed form has been submitted to the Course of Study Office\*\*

Student Name: \_\_\_\_\_  
Last First Middle

Conference: \_\_\_\_\_ District: \_\_\_\_\_

**District Superintendent approval of applicant to attend the 2019 Course of Study School (COS)**

I approve the attendance of this applicant to the Course of Study at Garrett-Evangelical Theological Seminary as a:

Local Pastor  Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
**District Superintendent Printed Name and Signature** Date

\_\_\_\_\_  
Address: Street name, number City State Zip Code

Email Address: \_\_\_\_\_

\_\_\_\_\_  
**Annual Conference Local Pastor Registrar Printed Name and Signature** Date

\_\_\_\_\_  
Address: Street name, number City State Zip Code

Email Address: \_\_\_\_\_

**Financial Responsibility Statement: Course of Study School 2019**

I \_\_\_\_\_  
Student's printed name

Garrett ID # \_\_\_\_\_

understand that I am responsible for all costs incurred as a student in COS. I understand that payment in full is due prior to the first day of class. Unpaid balances from previous years will result in my being refused admission to the COS program. All balances must be paid prior to or upon arrival.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I will pay in the following manner:**

- I will pay all my own expenses.
- Some portion of my expenses will be paid by the parties listed below.
- All my expenses will be paid by the parties listed below.

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**Annual Conference**

The Board of Ordained Ministry of \_\_\_\_\_ Annual Conference  
will be responsible for \$ \_\_\_\_\_ or \_\_\_\_\_ % per session.

Name of Conference Local Pastor Registrar\* \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

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**District**    **Local Congregation**    **Other (please specify):** \_\_\_\_\_

(District/UMC name) \_\_\_\_\_ will be responsible for \$ \_\_\_\_\_ or \_\_\_\_\_ % per session

Name of responsible party \* \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

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These signatures denote a commitment to be responsible for any outstanding balance of the student up to noted amount.

Full payment is required prior to the first day of class. All costs related to Course of Study School will be billed directly to the student and no grades will be released in case of unpaid balance.  
Garrett *accepts* Visa, Mastercard, Discover and American Express.

**If paying by check, make payable to: Garrett-Evangelical Theological Seminary**

**Send payment to:**    Garrett-Evangelical Theological Seminary  
   Course of Study School  
   2121 Sheridan Rd.  
   Evanston, IL 60201

**Note:** The student is responsible to forward the statement/bill to the responsible parties who signed this form.