

PERKINS SCHOOL OF THEOLOGY
STUDENT COURSE REQUEST

SMU ID# _____ SMU Email _____ Term _____, 20__

NAME _____ Work ph. _____
Last First Middle

Local Address _____ Home ph. _____
street city state zip

Perm. Address _____ Cell ph. _____
street city state zip

Denomination _____ Annual Conf.(UMC) _____ Expected Grad. Date _____
month year

Degree: M.Div. M.A.M. M.S.M. M.T.S. Th.M None
 UMC Deacon Track

Areas of Concentration: Hispanic Studies Urban Ministry Women's Studies
 African American Studies Pastoral Care Anglican Studies

U.S. Citizens and Permanent Residents ONLY:

Check your racial/ethnic category. You may check more than one.

American Indian or Alaskan Native Asian or Pacific Islander
 Black, Non-Hispanic Hispanic White, Non-Hispanic

List your country of citizenship if not U.S. _____

Non-Immigrants ONLY:

List your visa status and your country of citizenship _____

COURSE REQUESTS:

Catalog Number	Crse #	Course Title	Instructor	Days/Time	Hours
				Total Hours	

Advisor Signature _____ DATE _____

I understand that this is an official registration. I agree to notify the Office of the Perkins Registrar in writing if I decide to cancel my registration for the term indicated.

Student Signature _____ DATE _____