

2022 REGISTRATION FORM

WESTERN JURISDICTION COURSE OF STUDY & LICENSING SCHOOL

Send completed registration to Western Jurisdiction Course of Study, 1625 Skyhawk Road, Escondido, CA 92029.

Please obtain the necessary signatures before you send in this form. Print or type the requested information.

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

Date of birth: _____

Person to contact in case of an emergency: _____
(Name) (Phone) (Relationship)

I am a full time _____ part time _____ Licensed Local Pastor in the United Methodist Church.

Racial/Ethnic Background: Optional _____
(This information will be used only in accordance with the Title IX of the Education Amendments of 1972.)

United Methodist Church Conference Information and Signatures of DS and LP Registrar

Conference: _____ District: _____

Year and Name of Licensing School Completed: _____

To the District Superintendent:

This applicant has my approval to attend the Western Jurisdiction Course of Study or Licensing School.

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

Email Phone # Fax #

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

Local Pastor Registrar's Signature Date LP Reg. Name (Please print)

Email Phone # Fax #

