

# Missouri School of Ministry

## Registration

Name: \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Maiden Name: \_\_\_\_\_

Male  Female

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

Social Security Number \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID Number \_\_\_\_\_

Phone: \_\_\_\_\_

Program of Study

E-mail \_\_\_\_\_

Certified Minister Level

Licensed Minister Level

Ordained Minister Level

## Academic Release Authorization

I authorize Missouri School of Ministry, Springfield, MO, to request academic information from my official student record which is kept with the Global University in Springfield, Missouri until I contact the school and withdraw this authorization in writing. My signature below indicates that I have read and agree to the provisions and policies represented in this release authorization, including the Refund/Cancellation policy printed below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Refund/Cancellation Policy

An enrollment may be canceled by an applicant student within five (5) business days. From five (5) business days after enrollment and until nine (9) months from the enrollment date or until the time that the final exam has been received, the school will retain a 20 percent registration fee. Refunds will be given only on materials that are in resalable condition. No refund will be made after five (5) business days for the New Student Application Fee.

## Enrollment

Book and Tuition	<b>\$100</b> (per course)	\$ _____
E-book + Tuition (no hardcopy)	<b>\$100</b>	\$ _____
Spouse or Family Fee:	<b>\$90</b>	\$ _____
Internship	<b>\$120</b>	\$ _____
Registration Fee: (per person)	<b>\$50</b> (one time fee)	\$ _____
Shipping Fee:	<b>\$12</b> (per person)	\$ _____
(Shipping fee not required for eBook option)		
Late Fee (After Deadline)	<b>\$35</b>	\$ _____
Total Amount Enclosed:		\$ _____

Mail to: 528 W. Battlefield Rd

Springfield, MO 65807

All Fees payable to: **SMDC**

**Class Location:** \_\_\_\_\_ (Cape Girardeau, Columbia, Kansas City, St. Charles, Springfield, Rolla)

*Not all levels are available at each location, call for details – 417.881.1316*

**List Course Description** \_\_\_\_\_

**\*See Course Schedule for Deadline Dates\***

**Church you attend** \_\_\_\_\_

**Pastor's Name** \_\_\_\_\_