

PERKINS SCHOOL OF THEOLOGY
STUDENT COURSE REQUEST

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

NAME _____ Spouse _____
Last First Middle Name

Local Address _____ Home ph. _____
street city state zip

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

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

Degree: M.Div. C.M.M. M.S.M. M.T.S. None UMC Deacon Track
Certificate Programs: Hispanic Studies Urban Ministry Women's Studies
 African American Studies Pastoral Care Anglican Studies