Course of Study (COS)/ Escuela del Curso de Estudio (ECE) Application Instructions

<u>Click on this link</u> to access the online application portal.

Once you have linked an email and created a password, you will be able to login and logout of your application whenever you like via this home page. This includes Course of Study applications in future years.

g	OARRETT-EVANOELICAL THEOLOGICAL SEMINARY Online Application	Sign Out
	Sign In Email Address Password Sign Up Eorgot Password	

To create your application login for the first time, click the "Sign Up" link right below the blue "Sign In" button.

Ş	oarrett-evangelical theological seminary Online Application	Sign Out
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2		11 port
M		
	Sign In	
	Email Address	
	Password	
	SIGN IN	
	Sign Up Eurgot Password	

Fill out the information and click "Submit" to create your application login. Please take note of the information you entered, especially your email, since that is what you will use to login to your application portal every time.

Ş	GARRETT-EVANGELICAL THEOLOGICAL SEMINARY Online Application		Sign Out
51	Online Application	Sign Up • Legal First Name • Legal Last Name • Student's Email Address Please select the college you have most recently attended (transfer and graduate) from the drop-down below. If your school does not appear in the search, please select "Unknown School". School	Sign Out
		I'm not a robot	

Once you click "Submit," an email will arrive in your inbox with instructions for creating your password. Once you have created your password, you will be able to login and start your application. (If you do not see the email in your inbox, be sure to double check your spam/junk folder).

Now that you have logged into your application, you can get started.

Whenever you login, you will be taken to your "Dashboard" home screen. The first time that you enter, you will click the "Start a New Application" button to officially start your application.

GARRETT SEMINARY Online Application	Θ
Applications	My Events
No Applications Started	You have not registered for any upcoming events. Events

When you login in the future, your dashboard will reflect your application progress and allow you to pick-up wherever you left-off.

You are now in the application itself. At any time during the application process, you can save and review what you have completed so far by clicking the "Review Application" button. After saving and reviewing, you can continue the application, or you can exit the application and return to it later.

<	GARRETT EVANGELICAL THEOLOGICAL SEMINARY		Sign Out	REVIEW APPLICATION
≡	Academic Plans			• = REQUIRED
● − 0 − ● − 0 − 0 − 0 − 0	• Program Course of Study Please Indicate If you bells in the last five years. This i	ve you need. or if you have had, academic or workplace accommodations (for disability or health conditions) nformation will be shared with the disability services coordinator. Explain (if any) and please provide dates:		
		CONTINUE		

The first section of the application is the "Academic Plans" section. Here you will select the program "Course of Study" from the drop-down menu. Then complete the optional box for any academic accommodations. When finished, click the blue "Continue" button to move on.

<	GARRETT EVANGELICAL THEOLOGICAL SEMINARY	Sign Out	REVIEW APPLICATION
≡	Academic Plans		• = REQUIRED
••	Program Course of Study Presse indicate if you believe you need, or if you have had, academic or workplace accommodations (for disability or health conditions) in the last five years. This information will be shared with the disability services coordinator. Explain (if any) and please provide dates:		

The second section of the application is the "Candidate Information (required)" section. Please fill out all your candidate information and then click the blue "Continue" button to move on.

<	ĝ	GARRETT EVAN	GELICAL THEOLOGICAL SEMINARY				Sign Out	REVIEW APPLICATION
≡	Candi	date Infor	mation (required)					● = REQUIRED
			Salutation Please select an option First Name Grant Middle Name Last Name Testaccount Birth/Maiden Name Preferred Name Suffix Please select an option • Birthdate (MM/DD/YYY) Mooth	Dav	Vor	· ·		
<	Ģ	GARRETT EVAN	GELICAL THEOLOGICAL SEMINARY				Sign Out	REVIEW APPLICATION
	Candi	date Infor	mation (required)					• - REQUIRED
			 Preferred Name Suffix Please select an option Birthdate (MM/DD/YYY) Month Which of the following i apply to Garrett? Please select an option If applicable, please shireferring to in the quest 	→ Day referral/information s are with us the name tion above.	✓ Year ources was most influential in y of the person or event/advertis	× your decision to seement you are #		

The third section of the application is the "Optional Personal Data" section. Please fill out the optional biographic information and then click the blue "Continue" button to move on.

<	9	GARRETT EVANGELICAL	THEOLOGICAL SEMINARY	Sign Out	REVIEW APPLICATION
≡	Optior	al Personal Da	ata		• = REQUIRED
			Gender Please select an option Pronouns Please select an option Legal Sex - for federal reporting purposes only Please select an option Religious Affiliation None/Unknown Ethnicity Please select an option Please select an option		
<	ĝ	GARRETT EVANGELICAL	Accercian India or Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander THEOLOGICAL SEMINARY	Sign Out	REVIEW APPLICATION
≡	Optior	al Personal Da	ata		● = REQUIRED
			Legal Sex - for federal reporting purposes only Please select an option Religious Affiliation None/Unknown Ethnicity Please select an option Race (choose all that apply) American indian or Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander		
			CONTINUE		

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≡	Addre	ss Information)					• = REQUIRED
0-0-			Preferred Phone Please select an option			v		
			Mailing Address			~		
0-0			Country					
-00-			My mailing address and p	ermanent address are	the same.			
6			Alternate Address			~		
			Country					
			Alternate Address Start Date Month	✓ Day	✓ Year	~ x		
<	ĝ	GARRETT EVANGELICAL	THEOLOGICAL SEMINARY				Sign Out	REVIEW APPLICATION
≡	Addre	ss Information	1					● = REQUIRED
0			My mailing address and p	ermanent address are	the same.			
			Alternate Address			~		
0-0-0			Country					
0-0-(Alternate Address Start Date Month	✓ Day	✓ Year	~ x		
			Alternate Address End Date Month	✓ Day	✓ Year	~ x		
			Please complete the missing	g fields.		CONTINUE		

The fourth section of the application is the "Address Information" section. Please fill out the address information and then click the blue "Continue" button to move on.

The fifth section of the application is the "Church Information" section. Please fill out the information for your Church and then click the blue "Continue" button to move on.

<	GARRETT EVANGELICAL THEOLOGICAL SEMINARY	Sign Out	REVIEW APPLICATION
≡	Church Information		• = REQUIRED
0-0-0-0-0-0	Congregation Name Congregation Location (City, State) Are you seeking/planning to seek ordination? Please select an option		

The sixth section of the application is the "Required Information" section. Please fill out the required information.

You will need to download the linked "Financial Responsibility" form and complete it with your District Superintendent. Once the form is complete, please upload it into the application.

Please leave the "Garrett Student ID #" field blank on your "Financial Responsibility" form since you will not get that until later.

Once you have completed these steps, please click the blue "Continue" button to move on.

<	GARRETT EVANGELICAL THEOLOGICAL SEMINARY			Sign Out	REVIEW APPLICATION
≡	Requi	ired Information			• = REQUIRED
0-0-0		All Course of Study students are required to have a PID number. • If you do not know yours, please contact GBHEM COS Registrar (COSregistrar@gbhem.org). • If you've newr attended COS anywhere, you won't have a PID number and should type in "N/A" and COSregistrar@gbhem.org to request one. PID #	contact		
		Emergency Contact Name	h		
0		Emergency Contact Number			
6		Please check the box below if you are a local pastor			
		Do you have a license to preach? If so, please check the box below.			
<	g	GARRETT EVANGELICAL THEOLOGICAL SEMINARY		Sign Out	REVIEW APPLICATION
≡	Requi	ired Information			• = REQUIRED
		Please check the box below if you are a local pastor			
•		Do you have a license to preach? If so, please check the box below.			
00		Are you currently under appointment? If so, please check the box below.			
0		All Course of Study applicants are required to complete a financial responsibility form. Please of the form found online <u>here</u> and upload it below.	complete		
		Einancial Responsibility No file selected This field is required.	Þ		
		+ ADD ATTACHMENT			
			CONTINUE		

The seventh section of the application is the "Licensing Certificate" section. Here you will upload your certification of completion of licensing school or your current License for Pastoral Ministry document.

Once you have uploaded one of these documents, please click the blue "Continue" button to move on.

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00-	Licensing Ce	rtificate		* = REQUIRED	
-0-0-0-0-		Please upload your certification of completion of licensing school or your current License for Pastoral Ministry Attachment No file selected This field is required. ADD ATTACHMENT			
0-0		CONTINUE			

The eighth section of the application is the "Recommendation COS" section. In this section, you will list the name and contact information for both your (1) District Superintendent and (2) Local Pastor Registrar.

When you have correctly entered their contact information and click the blue "Continue" button to move on, instructions will be sent to the (1) District Superintendent and (2) Local Pastor Registrar for what they need to submit to Garrett to finalize your application. While this process is automated, we still encourage you to reach out to your (1) District Superintendent and (2) Local Pastor Registrar to ensure that they received the links as they sometimes end up in spam/junk folders.

<	9	GARRETT I	Sign Ou	REVIEW APPLICATION	
≡	Recor	nmend	ation COS		• = REQUIRED
			CHANGE RECOMMENDER Please supply the name and email address for your district superintendent and local pastor registrar. Upon clicking "continue" or saving this form, an email will be sent to each of them requesting that they recommend you for attendance at Course of Study or Licensing School. Type District Superintendent First Name Last Name		
<	9	GARRETT	• Email	Sign Out	REVIEW APPLICATION
≡	Recor	nmend	ation COS		◆ = REQUIRED
0-0-0-0-0-0-0-0-0			Please supply the name and email address for your district superintendent and local pastor registrar. Upon clicking "continue" or saving this form, an email will be sent to each of them requesting that they recommend you for attendance at Course of Study or Licensing School. • Type Local Pastor Registrar • First Name • Last Name • Email • ADD RECOMMENDATION COS		
			Please complete the missing fields.		

The ninth section of the application is the "Additional Information" section. This section is optional. Please fill out any additional information that you think would be relevant to your application. When you are done, you are ready to click the "Review Application" button and do a final review of your application before submitting it.

C GARRETT EVAN	GELICAL THEOLOGICAL SEMINARY	Sign Out	REVIEW APPLICATION
Additional Inform	mation		+ = REQUIRED
	Please provide any additional information you would like us to know. If you were unable to fit an answer in the space provided, indicate the question and complete your answer here. Additional Information		

Once you click the "Review Application" button, you will have the opportunity to look over all the pieces of the application. Please note that the highest percentage of completion that will show on your dashboard is 99%. To fully complete the application, you need to click the blue "Submit Your Application" button.

GARRETT EVANGELICAL THEOLOGICAL SEMINARY Review Your Application				Sign Out
Academic Plans	🗹 EDIT			
Frogram Course of Study			9	99% MPLETE
Please indicate if you believe you need, or if you have had, academic or workpla diability or health conditions) in the last five years. This information will be shar coordinator. Explain (if any and please provide dates:	ce accommodations (for ed with the disability services		SUBMIT YOU	UR APPLICATION
Candidate Information (required)	C EDIT	7		
Salutation Mr.				
First Name Grant				
Middle Name				

Once you have submitted your application, you will receive confirmation of completion via email. As our team reviews and processes your application, we will keep you updated when materials arrive and/or what materials are still needed.

You can continue to access your portal Dashboard and keep tabs on the status of your application, be on the lookout for updates, and send reminders to your recommenders. If you end up needing to change a recommender, you can make those changes within the portal at any time.

When your application is fully processed, you will receive communications from our team regarding your admissions and next steps for Course Registration.

If you have any questions in the meantime, please do not hesitate to reach out to us at <u>cos@garrett.edu</u>