



WILLIAMS MASTER'S SCHOOL OF THEOLOGY

4232 Wichita St. Fort Worth, TX 76119

Email: info@wmsot.org

Correspondence Course Study

Name: _____

Address: _____ City: _____

Email: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ FAX: _____

Course Title and Number Reason for externally directed course:

Certificate/Diploma _____ Undergraduate _____ Graduate _____ other _____

Date course is to be started _____ Date course work to be completed: _____

Amount attached to cover tuition: \$ _____ Amount paid by check _____ Check # _____
or cash \$ _____

Additional student comments:

INFORMATION BELOW THIS LINE FOR OFFICE USE ONLY

Request received by: _____

Request approved by: _____

Payment amount: \$ _____ Received by: _____

Date materials were sent to or picked up by student: _____

Date course requirements were met: _____ Final course grade: _____

Final course grade issued by: _____ Date Home Office notified: _____

Additional advisor comments: _____

