



Please PRINT or TYPE. Please answer all questions. **IMPORTANT:** This form is required of all students intending to graduate in a given school year. It is the student's responsibility to give notice of any course changes at least 6 weeks prior to course start date by notifying the Office of the Registrar or the Campus Director.

**Personal Information**

Last Name		First Name		M.I.	SR, JR or	Maiden Name, if applicable
Home Phone	Cell Phone	Work	Email			
Name EXACTLY as how you want it to appear on your certificate.					MAJOR if other than Theology	
Indicate level of Degree (Diploma, Associates, Advance Diploma, Bachelor's, Masters, Doctorate, PhD)					Audit Student Level: Number of Years	

**Course Information** *Please see current year Academic Calendar*

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	OFFICE VERIFICATION
MP	Ministry Practicum (Undergraduate & Master's Only)				

**Course Masters Students Only:** Additional courses taken in lieu of written thesis.

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	OFFICE VERIFICATION

Student Signature: <b>I certify that the above information is correct.</b>	Date:

Registrar/ Director Signature: <b>I have verified that the course work has been completed &amp; all fees paid.</b>	Date: