



APPLICATION FOR GRADUATION

I. TO BE FILLED OUT BY THE CANDIDATE:

NAME _____
(Please print your name EXACTLY as you wish it to appear on diploma, including religious initials where appropriate.)

NAME: _____
(Please print the phonetic pronunciation of your name with accented syllable underlined.)

Table with 2 columns: CERTIFICATE(S) TO BE RECEIVED and EXPECTED DATE OF GRADUATION. Includes categories like Biblical Studies, Pastoral Care, Spiritual Direction, Thomistic Studies and dates like December, May, August.

I do [] do not [] plan to attend the May commencement events.

Signature of Candidate: _____ Date _____
(must be a handwritten signature - electronic signatures will not be accepted)

Daytime phone: _____ Email address: _____

II. TO BE FILLED OUT BY ACADEMIC ADVISOR: Requirements fulfilled

Certificate in Thomistic Studies

- 9 hrs. Introductory Sequence
9 hrs. Thomistic Seminars

Certificate in Biblical Studies

- 15 hrs. Biblical Studies
3 hrs. Electives

Certificate in Pastoral Care

- 9 hrs. Pastoral Theology
6 hrs. Professional Ministerial Formation
3 hrs. Electives
1 unit Human and Spiritual Formation (where applicable)

Certificate in Spiritual Direction

- 3 hrs. Foundations of Spirituality OR
3 hrs. History of Spirituality
3 hrs. Biblical Studies
3 hrs. Spiritual Direction
6 hrs. Spiritual Direction Practicum

This student has completed the academic requirements necessary for graduation.

Additional Comments:
(course substitutions or waivers/ advanced standing)

Signature of Academic Adviser: _____ Date: _____

Approval by Academic Dean: _____ Date: _____

Approval by Registrar: _____ Date: _____

Approval by Business Manager: _____ Date: _____