



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.)

CERTIFICATE(S) TO BE RECEIVED		EXPECTED DATE OF GRADUATION
Biblical Studies	Spiritual Direction	December
Pastoral Care	Thomistic Studies	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: _____