



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: DEGREE TO BE RECEIVED and EXPECTED DATE OF GRADUATION. Degrees listed include Master of Arts in Pastoral Studies C.G.S., Pastoral Ministry, and Health Care Mission. Graduation dates listed are December, May, and 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: _____

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

Table comparing requirements for M.A.P.S. CGS (46 cr + 4 units), M.A.P.M. (40 cr + 4 units), and M.A.H.C.M. (31 cr + 5 un). Lists include hours for Pastoral Theology, Integrative Studies, Biblical Studies, Systematic Theology, Liturgical Theology, Pro. Min. Form, CGS Formation, and Spiritual Formation.

[] This student has completed the academic requirements necessary for graduation.

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

Signature of Academic Advisor:

Date: