



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., Master of Arts in Pastoral Ministry, and Master of Arts in 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 with 3 columns: M.A.P.S. CGS (48 cr + 4 units), M.A.P.M. (40 cr + 4 units), and M.A.H.C.M. (30 cr + 5 units). Lists specific course requirements for each degree program.

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

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

Signature of Academic Advisor:

Date: