



**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.)

DEGREE TO BE RECEIVED Doctor of Ministry; Preaching  EXPECTED GRADUATION DATE December May August	Thesis Accepted: _____ (date)  Thesis Committee: _____ (Director)	Thesis Title: _____
Please indicate your highest degree, the field and the school from which it was received: _____		

**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**

**Doctor of Ministry - 30 Credit Hours Total**

18 hrs. Required coursework

6 hrs. Elective coursework

Thesis Project Seminar

Admission to Candidacy (date)

6 hrs. Thesis Research

Additional Comments:

This student has completed the academic requirements necessary for graduation.

Signature of Academic Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_