



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(S) TO BE RECEIVED	CERTIFICATE(S) TO BE RECEIVED	EXPECTED DATE OF GRADUATION
<input type="checkbox"/> Master of Arts in Theology	Biblical Studies Thomistic Studies	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

Master of Arts in Theology

- Admission to Candidacy
- 3 hrs. Integrative Studies
- 6 hrs. Biblical Studies
- 3 hrs. Systematic Theology
- 6 hrs. Historical Studies
- 3 hrs. Moral Theology
- 15 hrs Electives

Certificate in Biblical Studies

- 15 hrs. Biblical Studies
- 3 hrs. Electives

Certificate in Thomistic Studies

- 9 hrs. Introductory Sequence
- 9 hrs. Thomistic Seminars

Major Paper

Thesis **Language Exam (thesis only)**

Oral Exam or Thesis Presentation (date)

Written Comprehensive Exam (date)

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: _____