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>
<thead>
<tr>
<th>DEGREE(S) TO BE RECEIVED</th>
<th>CERTIFICATE(S) TO BE RECEIVED</th>
<th>DATE OF GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Master of Divinity</td>
<td>□ Biblical Studies</td>
<td>□ December _______</td>
</tr>
<tr>
<td>□ Master of Divinity and</td>
<td>□ Thomistic Studies</td>
<td>□ May __________</td>
</tr>
<tr>
<td>Master of Arts in Theology</td>
<td></td>
<td>□ August __________</td>
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</tbody>
</table>

I do □ do not □ plan to attend the May commencement events.

Signature of Candidate: ___________________________ Date: ____________

Daytime phone: ___________________________ Email address: ___________________________

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

M.Div.

□ Admission to Candidacy
□ 4 hrs. Integrative Studies
□ 3 hrs. Philosophy
□ 12 hrs. Biblical Studies
□ 15 hrs. Systematic Theology
□ 12 hrs. Pastoral Theology
□ 6 hrs. Lay Spiritual Formation
□ 11 hrs. Liturgical Theology
□ 4 hrs. Preaching
□ 6 hrs. Historical Studies
□ 9 hrs. Moral Theology
□ 13 hrs. Prof. Min. Form

M.Div./M.A.

□ Fulfilled Requirements for M.Div.
□ 18 hrs. Additional non-pastoral courses

Certificate in Biblical Studies

□ 15 hrs. Biblical Studies
□ 3 hrs. Electives
□ 9 hrs. Spiritual Direction Courses
□ 3 hrs. Biblical Studies

Certificate in Thomistic Studies

□ 9 hrs. Introductory Sequence
□ 9 hrs. Seminars

☐ This student has completed the academic requirements necessary for graduation.
☐ This student has completed the requirements of the ratio particularis of their order/province.

Signature of Academic Adviser: ___________________________ Date: ____________
Student Name: _____________________________________________________________________________

Amount Due: $180

Payment Method: (choose one)

☐ Check
☐ Credit Card
☐ Online Payment (must include the receipt with this form)

1 Returned checks, returned/unpaid debits, and declined charge payments are subject to a $50 handling charge.

2 Students paying by credit/debit card must submit credit/debit card information below.

I agree to make my scheduled payment electronically.

(Please check one option below):

☐ Upon receipt of this form, Aquinas Institute of Theology may draft my bank account electronically; my bank account information appears below.

☐ Upon receipt of this form, Aquinas Institute of Theology may charge my credit/debit card; my credit/debit card information appears below.

I understand that a returned electronic draft or a declined credit/debit card payment is subject to a $50.00 service charge, and that I may be asked to withdraw from Commencement activities for non-payment in the event of a returned payment. I have been informed that diplomas, transcripts and grades will not be released if account balances are not paid in full, and that students with outstanding balances will not be allowed to register for additional classes.

I have read and understand the Application for Graduation. I understand that I am fully responsible for the payment of my account balance, and that I am responsible for payment even if another party has promised to make payment on my behalf and/or I qualify for tuition reimbursement from my employer. I have been informed that I may be reported to credit reporting bureaus in the event of non-payment of my account balance.

Bank Information

<table>
<thead>
<tr>
<th>Bank Name</th>
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<tbody>
<tr>
<td>Bank Address</td>
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</tr>
<tr>
<td>City / State / Zip</td>
<td></td>
</tr>
<tr>
<td>Account Name</td>
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</tbody>
</table>

| Checking * or Savings | |
| Bank Routing # | |

Credit/Debit Card Information

<table>
<thead>
<tr>
<th>Card Type (MasterCard, Visa, Discover)</th>
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<tbody>
<tr>
<td>Credit/Debit Card Number</td>
<td></td>
</tr>
<tr>
<td>Name on Credit/Debit Card</td>
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</tbody>
</table>

| Expiration Date | |
| 3-digit CVC Code (on back of card) | |

* If payment is being made from a checking account, please provide a voided check with the registration form.

Student Signature: _____________________________________________________________________________ Date: _________________

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Date Degree Audit Completed: __________________________ Date of Faculty Approval _________________

Signature of the Registrar: __________________________________________ Date: ______________________

Signature of the Dean: __________________________________________ Date: ______________________

Signature of Business Manager: __________________________________________ Date: ______________________

Revised August 29, 2014