



Master of Arts in Pastoral Ministry Application for Graduation

Concentration _____

PLEASE TYPE OR PRINT THE ENTIRE APPLICATION

Legal name **EXACTLY** as it should appear on the diploma. (*Your name may not exceed 30 letters total.*)

First Middle Last

Address _____
Number and Street City State Zip

Telephone () _____ Student ID Number _____

Email Address _____

Advisor/Program Director Signature Date

Date Submitted _____

\$150 Graduation Fee Received _____

**Please obtain required signatures BEFORE submitting this form.
Maintain one copy for personal records and submit original form to the Registrar's Office on or before
February 1st of graduating year.**

Workshop Titles (2) Ten-Hour Workshops

Facilitator

Student Signature _____

Advisor Signature _____

Program Director _____

Advising Session Date _____ **Initials** _____