

# FACULTY OF THEOLOGY

## Certificate in Theology

### INTENT TO GRADUATE

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) When do you intend to graduate?  Spring 20\_\_\_\_

2) Are you currently taking a course(s) to complete your certificate?  Yes  No  
(If No, give date of last registration): \_\_\_\_\_

3) Are you doing your course work through the Faculty of Theology?  Yes  No  
(If No, give name of other institution): \_\_\_\_\_

Date application submitted: \_\_\_\_\_ Student's signature: \_\_\_\_\_