



2011-12 DOCTORAL GRADUATION APPLICATION

Return to the Registrar's Office by October 31, 2011

Full name: _____ Soc. Security No. _____

Address: _____ City/State _____ Zip Code _____

Telephone: _____ E-mail: _____

Are you licensed/ordained minister with the Assemblies of God yes no Which A/G District: _____

Other Denomination _____

Church while attending seminary: _____ City/State _____

Your home city, state and (or country) for the commencement program:

Your home church, city and state:

List all prior degree(s) and institution(s) where earned: _____

Please print:

Your name as you want it to appear on your diploma:

Your name as you want it announced and written in the commencement program:

The address where your diploma should be mailed:

Your cap and gown measurements (approximate): Height _____ Weight _____

Note:

I do understand that it would be legally fraudulent to write or state that I have graduated from the Assemblies of God Theological Seminary until all requirements for my degree have been fulfilled and my student account is paid in full.

My signature on this form denotes my intent to complete the degree requirements and graduate as stated. In the event I find it impossible to complete the requirements as planned, I agree to immediately notify the Registrar in writing.

I give permission for AGTS to include my declared denominational affiliation with my directory information. This includes release of my directory information to representatives from this denomination and/or media, if requested by such representatives.

Signed by: _____

Date: _____

FOR OFFICE USE ONLY

____ Incomplete/In Process Grades
____ Comp/Analytical Paper/Project
____ Signed Degree Program
____ Transcript
____ Account Clear
Degree Coord. Appr. _____
Year/degree _____
Degree completed _____
Signed (attached) _____
Account paid in full _____
Degree posted on transcript ____
Classification changes _____
Diploma/final transcript released _____
Picked up _____ Mailed _____