

North Park Theological Seminary Application for Certificate Completion

Fill out and return to SEMINARY ACADEMIC SERVICES

Name: _____

Date: _____

Student ID #: _____

I am applying for completion in May ____ December ____ (please indicate the year)

My certificate program is:

____ Camping and Retreat Ministry

____ Christian Formation (All Ages)

____ Christian Studies

____ Faith and Health

____ Justice Ministries

____ Spiritual Direction

____ Urban Ministry

____ Youth Ministry

____ Intercultural Studies

____ Covenant Identity

____ Foundational Courses

____ Diploma of Christian Studies

My name should appear on my certificate as follows (please print):

(First) (Last) (Middle)

Address to which my certificate should be sent: _____
(Street)

(City, State, Zip)

My home church should appear on the program as follows (include city & state):

Prior Academic Record

Name, city, state of each institution where you completed prior studies

1. _____ 2. _____

Degree _____ Year _____ Degree _____ Year _____

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I hereby apply for certificate completion and agree that all requirements for certificate program must be completed prior to the issuance of the certificate. All academic credit must be completed by the completion date.

(Signature)

(Date)