

# Graduation Application

## A. Personal Information

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attending church: \_\_\_\_\_  
Last School to graduate: \_\_\_\_\_

(College for M.Div student, high school for Bachelor's)

## B. Academic Relations

1. Program to complete: \_\_\_\_\_
2. Enrollment Date: \_\_\_\_\_

### Dean's signature is required to fill below:

3. Acquired credits: Required \_\_\_\_\_ Elective: \_\_\_\_\_
4. Transferred credits: \_\_\_\_\_ from: \_\_\_\_\_
5. Credits to complete: Required \_\_\_\_\_ Elective: \_\_\_\_\_
6. Bible Exam: OT \_\_\_\_\_ Pass, Failure \_\_\_\_\_ NT \_\_\_\_\_ Pass, Failure \_\_\_\_\_
7. Thesis: Fill below if "Yes", Write "None" in the title line if "No"  
Title: \_\_\_\_\_  
Professor: \_\_\_\_\_  
( Pass, Not Pass) \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

8. Pastoral Practice: Completed credits until this semester \_\_\_\_\_

Signature of office of Student Affairs \_\_\_\_\_

Date to Apply: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_