

Student ID Number	Last Name	First Name	Middle Name
Home Street Address			Area Code and Home Telephone Number
City	State	Zip/Postal Code	Nation
E-Mail Address		<input type="checkbox"/> Home <input type="checkbox"/> Work	

*This application should be completed with the help of an advisor and returned to your advising office*

**PROPOSED OR ACTUAL COMPLETION: QUARTER:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

- Anglican Communion Studies (SMT)     Christian Studies (SMT)     Church Planting (SMT)
- Islamic Studies (SMT)     Recovery Ministry (SMT)     Theology and the Arts (SMT)
- Youth Ministry (SMT; this is *not* for FYI, listed below)
- Certificate of Advanced Pastoral Ministry Education (SMT DMin Program)
- Certificate of Advanced Study in Christian Leadership and Ministry (SMT Korean DMin Program)
- Marriage and Family Enrichment (SOP&MFT)     Urban Youth Ministry (FYI)

**YOUR NAME EXACTLY AS IT IS TO APPEAR ON YOUR CERTIFICATE:**

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*Please type or print clearly. Do not use all upper case letters; names will appear in mixed upper and lower case. We cannot print nicknames, titles, degree names (e.g. Ph.D., M.D., etc.) as a part of the name line on the certificate. We cannot print names that are radically different from your legal name as entered in our records. The Seminary retains the right to determine what is acceptable.*

**MAILING:** Please provide a reliable address as your mailing address for your certificate (6 weeks or more after the end of the quarter):

Address			Area Code and Telephone Number
City	State	Zip/Postal Code	Country

**What kind of address is this?**     Home     Business/Church/Mission     "Permanent" forwarding address (relative or friend)

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This Application for Certificate is being filed on the basis of actual or anticipated completion of all course work for the certificate by the end of the academic quarter indicated above. I understand that this certificate I am requesting is not a diploma nor a degree and is not to be referred to as such, and that terms such as "graduate" and "graduated" do not apply to this award. I understand that if I do not complete any remaining requirements by the last day of this quarter for any reason (including the granting of an Incomplete or Extension of Incomplete, if required to do so), this Application for Certificate will cancel this application, and I must submit a new Application when all work has been completed and graded.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date