

Application Deadline: Nov. 1

# GRADUATION APPLICATION



## Student Information:

|                             |                   |
|-----------------------------|-------------------|
| <b>First Name:</b>          | <b>Last Name:</b> |
| <b>Student Number:</b><br>A | <b>Email:</b>     |

## Graduation Information:

**This section to be completed by all graduating students (including those graduating *in absentia*).**

Please indicate the PROGRAM in which you intend to graduate:

### Graduate Studies:

- Master of Divinity
- Master of Divinity (Summer Distance)
- Master of Divinity (Honours)  
Concentration in: \_\_\_\_\_
- Master of Arts (Theology & Religious Studies)
- Graduate Certificate in Theological Studies

### Diploma Programs:

- Diploma in Theological Studies
- Diploma in the New Evangelization
- Diploma in Youth Ministry
- Diploma in Missional Leadership

If you are completing a thesis as part of your MDiv (Honours) or MA program, please type your THESIS TITLE:

\_\_\_\_\_

## Parchment Information:

Please type your NAME as you want it to appear on both your Certificate or Degree Parchment and in the Convocation Program:

\_\_\_\_\_  
(First Name) (Middle Name or Initial) (Last Name)

## Convocation Program Information:

Please type *either* the name of your BIRTHPLACE **OR** the name of the PLACE YOU NOW CALL HOME.

|           |                                       |
|-----------|---------------------------------------|
| Town/City | Province/State:<br>(Canada & US only) |
| Country   |                                       |

## Graduation Announcement Information:

Please type your NAME as you wish it to be announced at the time of receiving your certificate or degree during the Convocation Ceremony.

\_\_\_\_\_

**Attendance Information:**

Will you be attending the Convocation ceremony or graduating in absentia?

**attending      *in absentia*      unsure\***

\* If **unsure**, please confirm with the Registrar by **FEBRUARY 1**.

**Terms of Graduation Application:**

Please initial your understanding of the below statements.

|  |   |
|--|---|
|  | I will not receive my Certificate or Degree Parchment without paying my full account balance.                   |
|  | If I withdraw my application or my application is not approved, I must apply to graduate at a later graduation. |
|  | If I selected unsure regarding attendance, I will contact the registrar by February 1.                          |

I agree to the above terms of graduation.

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

**RETURN THIS FORM BY NOVEMBER 1 TO: Deborah Dickson, Registrar  
registrar@astheology.ns.ca**

*For use by the Registrar's Office only.*

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Follow-up

required: \_\_\_\_\_