



DATE

SOCIAL SECURITY # OR STUDENT ID #

Print your name **exactly** as you wish it to appear on your diploma and the graduation program. Titles will not be printed.

FIRST NAME

MIDDLE NAME

LAST NAME

Print your hometown **exactly** as you wish it to appear on the graduation program, (e.g., Ashland, OH). International students, please include country.

HOMETOWN

HOME CAMPUS

DAYTIME PHONE

EMAIL (PRIMARY SOURCE OF CONTACT FOR CEREMONY INFO)

CURRENT MAILING ADDRESS (PLEASE NOTIFY ATS OF ANY MAILING OR EMAIL ADDRESS CHANGES)

I am applying for issuance of the diploma:

GRADUATING IN MAY*,
APPLY BY **DECEMBER 1**

GRADUATING IN AUGUST*,
APPLY BY **MARCH 1****

GRADUATING IN DECEMBER*,
APPLY BY **AUGUST 1*****

**Diplomas will be mailed to provided address after conferment date.*

***Graduates will participate in the current year commencement ceremony. Please indicate anticipated summer course:*

_____ Academic Dean Approval: _____

****Graduates will participate in the following year commencement ceremony.*

Please choose the degree for which you are applying:

GRADUATE DIPLOMA PROGRAMS:

GRADUATE DIPLOMA IN:

CERTIFICATE PROGRAMS:

DIPLOMA OF THEOLOGY (BLACK CHURCH STUDIES)
 DIPLOMA OF THEOLOGY (HISPANIC CHURCH STUDIES)

MASTER OF ARTS / DIVINITY DEGREES:

MASTER OF ARTS IN:

DOCTOR OF MINISTRY DEGREE:

DOCTOR OF MINISTRY
TRACK:

MASTER OF ARTS
(BIBLICAL / HISTORICAL / THEOLOGICAL STUDIES)

MASTER OF ARTS IN COUNSELING (MICHIGAN)

MASTER OF ARTS IN CLINICAL MENTAL
HEALTH COUNSELING (OHIO)

MASTER OF DIVINITY

MASTER OF DIVINITY IN CHAPLAINCY

FEES

Applications received after the deadline are subject to a \$25 late fee.

- DIPLOMA / CERTIFICATE PROGRAMS: \$100
- MASTER OF ARTS / MASTER OF DIVINITY DEGREES: \$100
- SECOND DEGREE IN SAME ACADEMIC YEAR: \$15
- DOCTOR OF MINISTRY DEGREE: \$150

PAYMENT

Faxed or emailed applications require credit card payment.

- CASH
- CHECK (MADE OUT TO ATS)
- CREDIT CARD*

CARD NUMBER

EXPIRATION DATE

3-DIGIT SECURITY

*A service fee of \$3.95 will be added to the graduation fee.

If for some reason you will not complete the requirements for this application period, the fee can be transferred to the next available graduation date. However, **you must fill out a new application form** by the deadline for the desired semester of graduation.

By completing this application, I understand that I am responsible to have all coursework completed before date of degree conferral and to fulfill all financial obligations to Ashland Theological Seminary.

SIGNATURE (REQUIRED; ELECTRONIC SIGNATURE ACCEPTED)

DATE

I PLAN TO ATTEND THE MAY COMMENCEMENT CEREMONY: YES NO

ANY SPECIAL ACCOMMODATIONS NEEDED TO PARTICIPATE IN THE COMMENCEMENT CEREMONY:

Check <http://seminary.ashland.edu/downloads> for exact date.

REGALIA: cap, gown and hood, tam for D.Min.

DEGREE: DIPLOMA M.A. M.DIV. D.MIN. GENDER: MALE FEMALE

*HEIGHT WITH SHOES: _____ _____
 FEET INCHES

WEIGHT: _____
 POUNDS

*PLUS SIZE: _____
 (1, 2, 3)

*Please refer to the *Graduation Gown Sizing Chart* and adjust as needed.

PLEASE SUBMIT THIS FORM & APPROPRIATE FEES TO:

OFFICE OF THE REGISTRAR

Ashland Theological Seminary, 910 Center Street, Ashland, OH 44805

419.289.5907 phone | 419.289.5650 fax | ATS-Registrar@ashland.edu email

FOR OFFICE USE ONLY

- GRADUATION DATE VERIFIED
- FILE REVIEWED / EMAILED
- ACCT. CHARGED / FEE PAID
- DATA ENTERED ON SPREADSHEET