

APPLICATION FOR GRADUATION

DATE

STUDENT ID # OR SOCIAL SECURITY #

Print your name exactly as you wish it to appear on your diploma and in 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 (NON-ASHLAND.EDU ACCOUNT)

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

~~XXXXXXXXXX~~

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:*

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

Please choose the degree for which you are applying:

MASTER OF ARTS / DIVINITY DEGREES:

DOCTOR OF MINISTRY DEGREE:

MASTER OF ARTS IN:

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
 (CHAPLAINCY)

