

# North Park Theological Seminary

## Application for Certificate Completion

Fill out and return to SEMINARY ACADEMIC SERVICES Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I am applying for completion in May \_\_\_\_ December \_\_\_\_ (please indicate the year)

**My certificate program is:**

_____ Christian Studies	_____ Intercultural Ministry
_____ Church Planting	_____ Justice Ministry
_____ Congregational Vitality	_____ Spiritual Direction
_____ Faith and Health	_____ Transformative Justice
_____ Foundational Courses	_____ Urban Ministry
	_____ Youth Ministry

**My name should appear on my certificate as follows (please print):**

\_\_\_\_\_

(First) (Last) (Middle)

**Address to which my certificate should be sent:** \_\_\_\_\_

(Street)

\_\_\_\_\_

(City, State, Zip)

**My home church should appear on the program as follows (include city & state):**

\_\_\_\_\_

**Prior Academic Record**

Name, city, state of each institution where you completed prior studies

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

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I hereby apply for certificate completion and agree that all requirements for certificate program must be completed prior to the issuance of the certificate. All academic credit must be completed by the completion date.

\_\_\_\_\_

(Signature) (Date)