

URBANA THEOLOGICAL SEMINARY

GRADUATION APPLICATION

Date of Application: _____
Month Day Year

Full Name: _____
First Middle Last Maiden

Address: _____
Street City State Zip

Phone: Home: _____ Work: _____ Cell: _____

Student ID Number: _____ Social Security Number: _____

Degree: Master of Divinity Master of Arts in Religion Graduate Certificate of Christian Studies

Date of Graduation: May _____
Year

Name to appear on the Diploma (please print clearly): _____
(Maximum 40 spaces)

Attendance at the commencement ceremony when the degree is granted is expected. In rare circumstances, requests to graduate in absentia may be granted when submitted in writing to the Records Office.

Signature: _____

Advisor's Signature: _____

Academic Dean's Signature: _____

For Office Use Only:

- Graduation Fee \$100 Check# _____
- Final Transcript Sent
- Paid all Tuition and Fees
- Cap and Gown Measurement Form
- Invitations
- Degree Checklist signed by the applicant's advisor

Please send application to:
Urbana Theological Seminary
314 East Daniel Street
Champaign, IL 61820
Phone: 217.365.9005
www.urbanaseminary.org

