



# 2018-19 APPLICATION FOR GRADUATION

## Doctoral Degree Candidate

Return to AGTS Records by **January 31, 2019**. Completed forms may be dropped off at the reception desk at AGTS, faxed to (417) 268-1030, or emailed to [records@agts.edu](mailto:records@agts.edu).

**AGTS Records will email you in mid-March 2019 regarding your official approval to graduate and will provide graduation details and commencement arrangements.**

*If you are unable to complete your degree program in time to graduate with the Class of 2019, it is your responsibility to contact AGTS Records regarding your future intent to graduate.*

Full name (first, middle, last) \_\_\_\_\_

Student No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Are you credentialed with Assemblies of God?  licensed  ordained  no District \_\_\_\_\_

With other denomination?  licensed  ordained Denomination \_\_\_\_\_

Church while attending AGTS: \_\_\_\_\_ City/State: \_\_\_\_\_

Your home city, state and (or country) for the commencement program:

\_\_\_\_\_

Home church and church address:

\_\_\_\_\_

\_\_\_\_\_

After graduation, what field of ministry or vocation will you be pursuing?

\_\_\_\_\_

Degree you will complete:  DAIS  DMin  PhD in \_\_\_\_\_

List all prior degree(s) such as B.A., B.S., M.S., etc., and institution(s) where earned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Semester and year you started at AGTS: \_\_\_\_\_

(OVER)

