



2018-19 APPLICATION FOR GRADUATION

Master's Degree Candidate

Return completed application to AGTS Records. Leave it at the reception desk at AGTS, fax it to (417) 268-1030, or email it to records@agts.edu.

Fall 2018 Graduates by **October 31, 2018** Spring & Summer 2019 Graduates by **January 31, 2019**

AGTS Records will email you regarding your official approval to graduate and will provide graduation details and commencement arrangements. A graduation fee of \$200 will be charged to your student account.

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 Code _____

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: MDiv MLM MPL ThM MA 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: _____

Confirm the semester you will complete all degree requirements, including comprehensive exam or paper (if uncertain of completing all requirements, please indicate a later semester):

- Fall Semester** (December 2018) **Spring Semester** (April 2019) **Summer Semester** (August 2019)

List the remaining courses needed to complete your degree program:

| Course No. | Course Title | Hrs | Sem/Yr |
|------------|--------------|-----|--------|
| | | | |
| | | | |
| | | | |

(OVER)

Please print:

Full Name (titles are not used)

First

Middle

Last

Suffix

Phonetic spelling (if needed to pronounce name correctly):

Address where your diploma is to be mailed:

I plan to attend the baccalaureate & hooding ceremony May 2, 2019: Yes _____ No _____

I plan to attend the commencement ceremony May 3, 2019: Yes _____ No _____

AGTS will order your cap and gown; please provide measurements: Height _____ Weight _____

Note:

If a student has approval to take courses at another school for the purpose of transfer credit to the AGTS degree program, **AGTS Records must receive the official transcript of the grades by February 15 of the student's graduation year.**

All prospective graduates **are required** to complete the online **Graduating Student Questionnaire**. Information is emailed to the graduate 6-8 weeks prior to the end of the last semester at AGTS. *(Confirm email address on file.)* **Please contact the AGTS Records Office if you have any questions (records@agts.edu or 417-268-1025/1026).**

I understand that it is legally fraudulent to write or state that I have graduated from Assemblies of God Theological Seminary until all requirements for my degree are completed.

My signature on this form indicates my intent to complete the degree requirements and graduate as stated. A graduation fee of \$200 will be charged to my student account. In the event I cannot complete the requirements as planned, I will immediately notify AGTS Records in writing.

I give permission for AGTS to include my declared denominational affiliation with my directory information. This includes release of my directory information to representatives from this denomination and/or media, if requested by such representatives.

Student's Signature _____

Date: _____

| FOR OFFICE USE ONLY | |
|-----------------------------------|--------------------|
| Financial Clearance | _____ |
| Degree Code | _____ |
| Diploma/final transcript released | _____ |
| Picked up | _____ Mailed _____ |