



2019-20 APPLICATION FOR GRADUATION

Doctoral Degree Candidate

Return to AGTS Records by **January 31, 2020**. Completed forms may be dropped off at the reception desk at AGTS, faxed to (417) 268-1030, or emailed to records@agts.edu.

AGTS Records will email you in mid-March 2020 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 2020, 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)

Please print:

Full Name **(titles are not used)**:

First

Middle

Last

Suffix

Phonetic spelling (if needed to pronounce your name correctly):

Address where your diploma is to be mailed:

I plan to attend the baccalaureate & hooding ceremony April 30, 2020: Yes _____ No _____

I plan to attend the commencement ceremony May 1, 2020: Yes _____ No _____

AGTS will order your cap and gown; please provide measurements: Height _____ Weight _____
(*Doctoral regalia is rented and must be returned following ceremony*)

Note:

All prospective graduates **are required** to complete the online ***Graduating Student Questionnaire***. Information will be 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. 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	_____