



COURSE TRACKING & INTENT TO GRADUATE FORM

Graduation Date: _____ **Date Returned Form:** _____

Important: All students are responsible for keeping record of the courses taken in a given school year. This form must be completed and returned eight (8) weeks prior to completion of each program. List all courses, grades and credits to the best of your knowledge. Please keep a copy for your personal records.

1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M. I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____
MAIDEN NAME (IF APPLICABLE)	SOCIAL SECURITY #		MAJOR (IF OTHER THAN THEOLOGY)		
HOME PHONE	WORK PHONE	COLLEGE LEVEL: <input type="checkbox"/> DIPLOMA IN THEOLOGY <input type="checkbox"/> ASSOCIATE IN THEOLOGY <input type="checkbox"/> ASSOCIATE OF ARTS IN THEOLOGY			
CELL PHONE	DIPLOMA / CERTIFICATE NAME (PRINT NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA / CERTIFICATE)				

2. COURSE INFORMATION

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION

3. SIGNATURES

STUDENT SIGNATURE	DATE	DIRECTOR'S SIGNATURE	DATE
I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.		I HAVE VERIFIED THAT THE COURSE-WORK HAS BEEN COMPLETED & ALL FEES PAID.	

