



GRADUATE APPLICATION

APPLICATION FOR DEGREE

Must be submitted to Registrar's Office

By: Fall (December) Completion – October 1
Spring (May) Completion – January 15

NAME: _____
Student ID: _____
Semester to Graduate: _____

NAME: EXACTLY THE WAY IT WILL APPEAR ON YOUR DIPLOMA

- ❖ Titles such as Mr., Mrs., Reverend, Elder, etc. are NOT included
- ❖ Middle name or initial usually is included.

Name: _____

Phonetic Pronunciation (if needed): _____

CONTACT INFORMATION: Please use address **AFTER** graduation

Mailing Address: _____

Phone: Cell _____ Home _____

Email: _____

Calvary Degree for which you are applying:

Master of Science (M.S.)

- ___ Organization Development
- ___ Education: Admin & Leadership
- ___ Education: Christian Education
- ___ Worship Arts
- ___ Education: Curriculum & Instructions
- ___ Education: Elementary Education

Master of Arts (M.A.)

- ___ Bible and Theology
- ___ Biblical Counseling

Master of Divinity (M.Div.)

- ___ Pastoral Studies

Attendance:

_____ I will be attending Graduation Activities.
 Baccalaureate Awards Banquet Commencement

_____ I will NOT be able to attend Graduation Activities. I will need to graduate "in Absentia".
Reason: _____

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Requirements:

_____ I attest that I have met with my advisor regarding my last semester schedule.

_____ I have completed the courses required for my degree.

_____ My course requirements will have been met with the following courses:

Course (Cycle): _____	Course (Cycle): _____	Course (Cycle): _____
Course (Cycle): _____	Course (Cycle): _____	Course (Cycle): _____
Course (Cycle): _____	Course (Cycle): _____	Course (Cycle): _____

_____ My Practical Christian Ministry requirements have been met (*if needed*).

_____ I understand I need to complete the following surveys and/or assessments.

✓ Graduate Survey

_____ I understand all financial arrangements need to be made to participate in graduation activities.

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The following information is required to ensure your regalia fits properly.
(*If attending graduation, this must be filled out.*)

Height: _____ ft _____ inches Weight: _____ lbs

_____ I will NOT be able to attend graduation, so please don't order regalia for me.

_____ I will NOT be attending graduation, but still want my regalia sent to me.

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I hereby apply for the degree noted and authorize the Registrar's Office to add the graduation fee(s) to my semester charges or student account during my last semester of enrollment at Calvary University.

STUDENT SIGNATURE

DATE

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Application for Degree must be completed and returned to:

Registrar's Office
Calvary University
15800 Calvary Road
Kansas City, MO 64147-1341 OR faxed (816-331-4474)
OR e-mailed (registrar@calvary.edu)