

APPLICATION TO GRADUATE 2021 DUE ON FEBRUARY 5 OF THE SPRING TERM FOR MAY COMMENCEMENT

LAST	FIRST	M.I.
	NT RECORD WILL BE USED FOR THE D HANGE OF BIOGRAPHICAL INFORMAT	IPLOMA AND TRANSCRIPTS. IF THERE ION FORM. ALSO MAKE SURE YOUR
STUDENT IDENTIFICATION NUME	BER AC	ADEMIC ADVISOR
DEGREE: D.MIN. Doctor of Minis	M.DIV. Master of Divinity	M.A. Master of Arts in Pastoral Care & Counseling
Completion Date December 2020 May 2021 Summer 2021 (requires faculty action)	ction)	MATS Master of Theological Studies
Current Address:		
STREET	CITY	STATE ZIP
() HOME TELEPHONE:	() WORK TELEPHONE	() CELLULAR TELEPHONE
NBTS E-MAIL ADDRESS		
PERSONAL E-MAIL ADDRESS		
Address After Graduation / Forwa	arding Address (if applicable):	
STREET	CITY	STATE ZIP
() HOME TELEPHONE:	() WORK TELEPHONE	() CELLULAR TELEPHONE
octor of Ministry, Master of Arts	and Master of Theological Studies	candidates only
🗌 Thesis	Project	Dissertation
Please print the title of project be	elow legibly using upper and lower	case letters

APPLICATION DUE ON FEBRUARY 5 (OF THE SPRIN	G TERM FOR MA	Y COMMENCEMENT	
Denomination				
NAME OF DENOMINATION/CONFERENCE		IF	RCA, CLASSIS:	
HOME CHURCH		PASTO	DR'S NAME	
STREET		CITY	STATE ZIP	
Student's Signature			DATE	
THIS DATA SHALL REMAIN CONFIDENT STATISTICAL REPORTING.				
Non-Resident/Alien Black, Non-Hispanic Native American/Alaska Native	☐ Asian/P ☐ Hispani	acific Islander	GENDER Male Female Other	-
Graduation Fee A graduation fee of \$300.00 is charged a baccalaureate and commencement cere nonrefundable.				
A single commencement exercise is held in Ma conferred at that time, have been conferred conferred in August. All candidates must be Trustees for a confirming vote.	the previou	s December, or	by special appeal, will	be
Students must complete all degree requirement before the end of the term, please plan now to the term.				due
All potential graduates are required to subm do so may result in the student not being n banquets. This application must be submitted PLEASE DO NOT FAX.	otified of Gra	duation events	including photographs a	and
The receipt of this signed application will enroll navigate through events related to Commencer addressed to jcarrillo@nbts.edu.	nent. Questio	ns regarding con	nmencement activities may	be
Office of Registrar / Business Office:				
Advisor's Signature:			Date	_
Year enrolled	GPA	Honors		
Fee paid Da	ate			