



STATEMENT OF INTENTION TO GRADUATE

If you are in your senior year and you intend to graduate at the end of this academic year, please fill out the following form. You must have the form completed, signed by your advisor and returned to the Director of Academic Services by the deadline noted in the academic calendar.

____ **Bethany Theological Seminary**

____ **Earlham School of Religion**

NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA:

First Name	Middle	Last Name
------------	--------	-----------

(Check the Appropriate Spaces)

DATE OF GRADUATION: May _____ (ESR ONLY) Dec. _____

I **do** _____ **do not** _____ plan to participate in the commencement ceremonies.

ESR December Graduates: I **do** _____ **do not** _____ plan to participate in the Baccalaureate ceremony.

Home City and State _____

Current Address _____

Degree: M.A. _____ M.A.Th. _____ M.Div. _____ M.Min. _____ C.A.T.S. _____

Peace Studies Emphasis? Yes _____ No _____ Youth and Young Adult Ministry Emphasis? Yes _____ No _____

	REQUIREMENT	COURSE(S) PLANNED	SEMESTER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Faculty Advisor: I have discussed these requirements with my advisee and agree with these findings.

Faculty Advisor Signature _____

Date _____