

# URBANA THEOLOGICAL SEMINARY

## GRADUATION APPLICATION

Date of Application: \_\_\_\_\_  
Month Day Year

Full Name: \_\_\_\_\_  
First Middle Last Maiden

Address: \_\_\_\_\_  
Street City State Zip

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Degree:  Master of Divinity  Master of Arts in Religion  Graduate Certificate of Christian Studies

Date of Graduation: May \_\_\_\_\_  
Year

Name to appear on the Diploma (please print clearly): \_\_\_\_\_  
(Maximum 40 spaces)

Attendance at the commencement ceremony when the degree is granted is expected. In rare circumstances, requests to graduate in absentia may be granted when submitted in writing to the Records Office.

Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Academic Dean's Signature: \_\_\_\_\_

### For Office Use Only:

- Graduation Fee \$100 Check# \_\_\_\_\_
- Final Transcript Sent
- Paid all Tuition and Fees
- Cap and Gown Measurement Form
- Invitations
- Degree Checklist signed by the applicant's advisor

**Please send application to:**  
Urbana Theological Seminary  
314 East Daniel Street  
Champaign, IL 61820  
Phone: 217.365.9005  
www.urbanaseminary.org

