



COURSE TRACKING & INTENT TO GRADUATE FORM

GRADUATION DATE: _____

IMPORTANT: This form is required of all students intending to graduate in a given school year. It is the student's responsibility to keep track of all courses taken and to return this form to the Campus Director at least 8 weeks before graduation. (List all courses that will be completed by graduation.) **Gown information must be included for proper gown size.** Please keep a photocopy 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
REQUIRED FOR GOWN: HEIGHT – FT. _____ IN. _____ WEIGHT – CHOOSE YOUR WEIGHT RANGE (SEE ATTACHED CHART) <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> "C"			CERTIFICATE NAME (INDICATE EXACTLY HOW YOU WANT YOUR NAME TO APPEAR ON YOUR CERTIFICATE)			
SOCIAL SECURITY#			MAJOR (IF OTHER THAN THEOLOGY)			
HOME PHONE		WORK PHONE		LCU LEVEL <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADVANCED DIPLOMA <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE AUDIT STUDENT LEVEL <input type="checkbox"/> YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/> YEAR 3 <input type="checkbox"/> YEAR 4 <input type="checkbox"/> YEAR 5 <input type="checkbox"/> YEAR 6 <input type="checkbox"/> YEAR 7		

2. COURSE INFORMATION

COURSE#	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION
MP	MINISTRY PRACTICUM (Undergraduate & Master's Level Students Only)				
COURSE#	MASTER'S STUDENTS ONLY: ADDITIONAL COURSES TAKEN IN LIEU OF WRITTEN THESIS	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION

3. SIGNATURES

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