



COURSE TRACKING & INTENT TO GRADUATE FORM | 1ST YEAR

OFFICE USE ONLY: GRADUATION DATE: _____ DATE RECEIVED: _____ CAMPUS CODE: _____

All students are responsible for keeping record of the courses taken in a given school year. This form must be completed and returned prior to graduation. List all courses, grades and credits to the best of your knowledge. Please keep a copy for your personal records.

PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR.
	<input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.				<input type="checkbox"/> _____
MAIDEN NAME (IF APPLICABLE)		SOCIAL SECURITY #	DIPLOMA / DEGREE		
HOME PHONE	WORK PHONE	COLLEGE LEVEL: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADV. DIPLOMA <input type="checkbox"/> BACHELOR'S			
BIBLE INSTITUTE: <input type="checkbox"/> 1 ST YEAR <input type="checkbox"/> 2 ND YEAR <input type="checkbox"/> 3 RD YEAR <input type="checkbox"/> 4 TH YEAR					
CELL PHONE	ALTERNATE PHONE	DIPLOMA / CERTIFICATE NAME <i>(print name exactly as you want it to appear)</i>			

COURSE INFORMATION

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION
TH-101	IN-CHRIST REALITIES			3	
TH-102	PRINCIPLES OF FAITH			3	
TH-103	MARRIAGE AND FAMILY			3	
TH-104	MINISTRY OF HELPS			3	
TH-105	THE LOVE OF GOD			3	
TH-106	AUTHORITY OF THE BELIEVER			3	
TH-107	METHODS OF BIBLE STUDY			3	
TH-108	BIBLICAL FINANCES			3	
TH-109	CHARACTER AND INTEGRITY			3	
MP-100	MINISTRY PRACTICUM			3	

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

STUDENT SIGNATURE	DATE	DIRECTOR'S SIGNATURE	DATE
_____	_____	_____	_____



COURSE TRACKING & INTENT TO GRADUATE FORM | 2ND YEAR

OFFICE USE ONLY: GRADUATION DATE: _____ DATE RECEIVED: _____ CAMPUS CODE: _____

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PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR.
	<input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.				<input type="checkbox"/> _____

MAIDEN NAME (IF APPLICABLE)	SOCIAL SECURITY #	DIPLOMA / DEGREE
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HOME PHONE	WORK PHONE	COLLEGE LEVEL: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADV. DIPLOMA <input type="checkbox"/> BACHELOR'S
		BIBLE INSTITUTE: <input type="checkbox"/> 1 ST YEAR <input type="checkbox"/> 2 ND YEAR <input type="checkbox"/> 3 RD YEAR <input type="checkbox"/> 4 TH YEAR

CELL PHONE	ALTERNATE PHONE	DIPLOMA / CERTIFICATE NAME <i>(print name exactly as you want it to appear)</i>
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COURSE INFORMATION

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION
TH-201	PRINCIPLES OF PRAYER			3	
TH-202	PRINCIPLES OF LEADERSHIP			3	
TH-203	HOLY SPIRIT & HIS GIFTS			3	
TH-204	DIVINE HEALING			3	
TH-205	DISCIPLESHIP 101			3	
TH-206	EVANGELISM			3	
TH-207	LIFE & TEACHINGS OF JESUS			3	
TH-208	PRODUCTIVE CHRISTIANITY			3	
TH-209	CHURCH GROWTH & UNITY			3	
MP-200	MINISTRY PRACTICUM			3	

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STUDENT SIGNATURE	DATE	DIRECTOR'S SIGNATURE	DATE
_____	_____	_____	_____



COURSE TRACKING & INTENT TO GRADUATE FORM | 3RD YEAR

OFFICE USE ONLY: GRADUATION DATE: _____ DATE RECEIVED: _____ CAMPUS CODE: _____

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	<input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.				<input type="checkbox"/> _____

MAIDEN NAME (IF APPLICABLE)	SOCIAL SECURITY #	DIPLOMA / DEGREE
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HOME PHONE	WORK PHONE	COLLEGE LEVEL: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADV. DIPLOMA <input type="checkbox"/> BACHELOR'S
		BIBLE INSTITUTE: <input type="checkbox"/> 1 ST YEAR <input type="checkbox"/> 2 ND YEAR <input type="checkbox"/> 3 RD YEAR <input type="checkbox"/> 4 TH YEAR

CELL PHONE	ALTERNATE PHONE	DIPLOMA / CERTIFICATE NAME <i>(print name exactly as you want it to appear)</i>
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COURSE INFORMATION

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION
TH-301	EPHESIANS			3	
TH-302	MINISTRY GIFTS			3	
TH-303	ACTS			3	
TH-304	THE TRIUMPHANT CHURCH			3	
TH-305	THE LIFE OF PAUL			3	
TH-306	OLD TESTAMENT SURVEY			3	
TH-307	BLOOD COVENANT			3	
TH-308	CHURCH HISTORY			3	
TH-309	SUCCESS IN MINISTRY			3	
MP-100	MINISTRY PRACTICUM			3	

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STUDENT SIGNATURE	DATE	DIRECTOR'S SIGNATURE	DATE
_____	_____	_____	_____



COURSE TRACKING & INTENT TO GRADUATE FORM | 4TH YEAR

OFFICE USE ONLY: GRADUATION DATE: _____ DATE RECEIVED: _____ CAMPUS CODE: _____

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	<input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.				<input type="checkbox"/> _____

MAIDEN NAME (IF APPLICABLE)	SOCIAL SECURITY #	DIPLOMA / DEGREE
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HOME PHONE	WORK PHONE	COLLEGE LEVEL: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADV. DIPLOMA <input type="checkbox"/> BACHELOR'S
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CELL PHONE	ALTERNATE PHONE	DIPLOMA / CERTIFICATE NAME <i>(print name exactly as you want it to appear)</i>
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COURSE INFORMATION

COURSE #	COURSE NAME	DATE COMPLETED	GRADE	CREDITS	DIRECTOR'S VERIFICATION
TH-401	CHRISTIAN COUNSELING			3	
TH-402	MINISTERIAL ETHICS			3	
TH-403	PRAISE AND WORSHIP			3	
TH-404	PREACHING & TEACHING LAB			3	
TH-405	AUDIO & VISUAL LAB			3	
TH-406	MAKING DISCIPLES			3	
TH-407	SOCIAL MEDIA LAB			3	
TH-408	DEVELOPING LEADERS			3	
TH-409	BIBLE DOCTRINES			3	
MP-100	MINISTRY PRACTICUM			3	

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_____	_____	_____	_____