Application For Graduation

Pacific Life Bible College

FULL NAME: _____
(As you want it to appear on Certificate or Degree)

YOUR HEIGHT: _____

CERTIFICATE / DEGREE APPLYING FOR:

- ☐ CERTIICATE OF BIBLICAL STUDIES
- ☐ ASSOCIATE OF THEOLOGY
- ☐ ASSOCIATE OF ARTS IN MUSIC MINISTRY
- ☐ ASSOCIATE OF ARTS IN YOUTH MINISTRY
- ☐ BACHELOR OF THEOLOGY
- ☐ B.A. IN PASTORAL LEADERSHIP
  - ☐ MAJOR IN PASTORAL CARE
  - ☐ MAJOR IN WORLD MISSIONS
  - ☐ MAJOR IN YOUTH MINISTRY
- ☐ B.A. IN CHURCH MINISTRIES
  - ☐ MAJOR IN CHRISTIAN EDUCATION
  - ☐ MAJOR IN WORSHIP ARTS

DATE OF GRADUATION: _____

ADDRESS & CONTACT INFORMATION OF WHERE YOU WOULD LIKE YOUR DIPLOMA SENT:

_____
Street Address *City* *Prov./State* *Postal/Zip Code*

Phone: _____ **Email:** _____

YOUR PERMANENT ADDRESS AFTER GRADUATION:

_____
Street Address *City* *Prov./State* *Postal/Zip Code*

☐ **Yes, I would love to receive alumni mailings!**

FACULTY ADVISOR'S APPROVAL!

F.A.'s Must Look in Grad Pro and Evaluate Transcript! _____

GRAD FEE PAID: ☐
ACCOUNT PAID IN FULL: ☐ **NOT COMPLETE:** ☐
DATE TRANSCRIPT APPROVED: _____ **STUDENT NOTIFIED:** ☐