GRADUATION APPLICATION

(Due to Registrar's Office the semester prior to student's final semester.)

Name________________________________________________________________________
(Print your name as it should appear on your diploma using UPPER & lower case letters.)

Month/Year Graduating:  ___________________  Campus /Cohort#:________________________

Home Address: __________________________  Student ID/SS#: _________________________
_______________________________________  Phone: ________________________________
________________________________________ E-mail: ________________________________
(Used to communicate graduation updates)

Home County: __________________________  (NOT country!)

Degree
_____ Master of Divinity
❑ Bible & Theology
❑ Church Development
❑ Missions
❑ Urban Ministry

_____ Master of Professional Studies
❑ Christian Ministry (Rockland only)
❑ Urban Ministry (NYC only)

_____ Master of Arts Biblical Literature
❑ Old Testament
❑ New Testament
❑ New Testament (non-language)

_____ Master of Arts in Intercultural Studies

_____ Master of Arts in Counseling
❑ Mental Health Counseling
❑ Marriage & Family Therapy

_____ Master of Business Administration
Concentration _________________________

_____ Master of Science in Org. Leadership

_____ Master of Science in Education
❑ Childhood Education
❑ Inclusive Education
❑ Special Education

_____ Master of Science in Education

Are you planning to participate in the graduation ceremonies?
❑ Both Hooding & Commencement  ❑ Hooding Ceremony only  ❑ Commencement only  ❑ Neither

If you plan to participate in Hooding &/or Commencement, please order a cap & gown from Herff Jones

Signature: _________________________________  Date:___________________

Note: Outstanding financial or library obligations will prevent you from graduating

**Seminary graduates only, please complete the reverse side of this form**
Please complete this section if you are a graduating Alliance Theological Seminary student, to be used to develop a brief graduate profile to be read during the hooding ceremony:

Name: _______________________________________________________________________________

Birthplace: ___________________________ Denomination: ________________________________

Name of Spouse: ___________________________ Number of children: ________________

Current place of residence: _____________________________________________________________

Current place of ministry: _____________________________________________________________

Ultimate ministry goals (ie: kind of ministry, place of service, future plans, hopes, etc.):

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

IMPORTANT for ATS graduates ONLY:

Please clearly indicate here if you would like your diploma to read only ‘Nyack College’, or both ‘Nyack College’ and ‘Alliance Theological Seminary’.

I would like my diploma to read:

❑ Nyack College
❑ Nyack College, Alliance Theological Seminary

Signature: ____________________________________________ Date:___________________