American Bible Colleges

COURSE TRACKING & INTENT TO GRADUATE FORM

Satellite Teaching Campus Code: _____

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 notify the STC Campus Director when they feel they have completed all courses & requirements for graduation.
Height and weight must be included for proper gown size. Please keep a photocopy for your personal records.

PERSONAL INFORMATION

TITLE: ❍ MR ❍ MS ❍ MRS ❍ MISS ❍ DR ❍ REV	LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	❍ SR. ❍ JR. ❍ Other _____

FILING DATE:	SOCIAL SECURITY #	MAJOR:	DEGREE LEVEL: ❍ UNDERGRADUATE ❍ GRADUATE ❍ POST-GRADUATE

HOME PHONE:	WORK PHONE:	EMAIL ADDRESS:

HEIGHT (FT/IN):	WEIGHT (LBS):	CERTIFICATE NAME (INDICATE EXACTLY HOW YOU WANT YOUR NAME TO APPEAR ON YOUR CERTIFICATE)

COURSE INFORMATION

COURSE #	COURSE NAME:	DATE COMPLETED:	GRADE:	CREDITS:	DIRECTOR'S VERIFICATION
MP	**MINISTRY PRACTICUM** (UNDERGRADUATE & MASTER'S LEVEL STUDENT'S ONLY)				
COURSE #	MASTER'S STUDENT'S ONLY; ADDITIONAL COURSES TAKEN IN LIEU OF WRITTEN THESIS				

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

INFORMATION BELOW IS FOR MAIN CAMPUS REGISTRAR'S OFFICE USE ONLY

INITIALS ❍ FORM COMPLETED IN FULL WITH BOTH SIGNATURES	INITIALS ❍ CERTIFICATE PRINTED & SEAL APPLIED
❍ ALL DEGREE/DIPLOMA REQUIREMENTS MET & FEES PAID	❍ COPIES OF TRANSCRIPT AND CERTIFICATE PUT IN STUDENT'S FILE
❍ CAP & GOWN ORDERED	DEGREE/DIPLOMA TO BE AWARDED:
❍ OFFICIAL TRANSCRIPT PRINTED & SEALED	