

Dean, School of Christian Tho gh.

PROCESSED BY _____DATE ___

STUDENT SIGNATURE

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE CERTIFICATE PLAN OF STUDY

DATE

THIS CERTIFICATE PLAN OF STUDY IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS

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CERTIFICATE REQUIR	EMENTS FOR GRADUATION: (5)		