



Certificate Completion Application

Full legal name: _____ ID #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: (____) _____ - _____

Please provide **ALL** of the following information:

I am a student at: AZC BAC ONLN ONT PNWC RMC

If you are graduating with a degree/diploma also, both the graduation application & certificate completion form must be submitted by the deadline (see Academic Calendar online).

I will complete all my certificate requirements at the end of Fall January Spring Summer 20_____

- | | |
|---|--|
| <input type="checkbox"/> Bible Teaching Certificate (BTC)* | <input type="checkbox"/> Intercultural Studies Certificate (ISC) |
| <input type="checkbox"/> Children's Ministry Certificate - (CHC) | <input type="checkbox"/> IMB Qualification Certificate (IQC) |
| <input type="checkbox"/> Christian Counseling Certificate - (CCC) | <input type="checkbox"/> Ministry to Women - (MWC) |
| <input type="checkbox"/> Church Planting Certificate (CPCT) | <input type="checkbox"/> Pastoral Care Certificate (PCC) |
| <input type="checkbox"/> Church Revitalization Certificate (CRC) | <input type="checkbox"/> Spiritual Formation Certificate (SFC) |
| <input type="checkbox"/> Collegiate Ministry Certificate (CMC) | <input type="checkbox"/> Youth Ministry Certificate (YMC) |
| <input type="checkbox"/> Global Engagement Certificate (GEC) | |

* Students already in a degree program are ineligible to receive this Certificate.

Your name **EXACTLY** as you want it to appear on your certificate:

Certificate Fee - FREE

- To receive your certificate all financial obligations, including library matters, must be in satisfactory order with the Business Office and library no later than the last Monday prior to your expected date of completion.

I reasonably expect to have all of my certificate requirements complete by the end of the semester indicated above. My certificate will be available for pickup or mailed to me after all final grades have been received.

Signature: _____ Date: _____

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____