

*i*TEE University  
Application for Graduation

*All applications must be received by the Registrar at least 60 days prior to the planned graduation date!*

NAME (spelled as you wish it on your document): \_\_\_\_\_

PHONETIC PRONUNCIATION of your name: \_\_\_\_\_

Did you take any classes under a different name? If so, what? \_\_\_\_\_

Mobile phone number (including Country Code): \_\_\_\_\_

E-mail address (as listed with *i*TEE University): \_\_\_\_\_

(If none, postal address: \_\_\_\_\_)

Program in which you are graduating: \_\_\_\_\_

(Enter one of "Certificate in Ministry," or "Diploma in Ministry," or "Associates in Ministry.")

In what term did you begin working on this program? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> (circle one) Term of 20\_\_

if you want to use a newer catalog list which one: \_\_\_\_\_

List all the courses counting toward this graduation. Use the following format and put one class on each line. (Use as many lines as needed.)

Course Number four digits required	Full Class Title	Term taken (1st/2nd/3rd & Year)

Date Submitted: \_\_\_\_\_

Date received by Registrar: \_\_\_\_\_

Instructions:

1. This form may be filled in by the student or by a representative on behalf of the student.
2. All information must be filled in completely. The application must be **received by the Registrar** no less than 60 DAYS prior to the intended date of graduation.
3. Students work from the requirements given in the catalog in which they began the program. Please list the term in which your first class for this program was taken. \_\_\_\_\_

If desired, students have the option of choosing to have a NEWER catalog apply for their graduation requirements. If this is so, indicate which catalog should be used. (If not applicable, leave blank.)

\_\_\_\_\_

4. For each class counting toward a requirement for graduation, you *must* give the FOUR DIGIT class number, the title of the class, and in which term the class was taken. If you are unsure about which term, give the month and year in which instruction began for that class.
5. Indicate whether this form was originally filled out by the student. If a representative fills out this form on behalf of the student, that representative certifies they have worked with the student, and the student understands and agrees to all of the information contained on this form.

Originally filled in by student  or representative

The following individuals are acceptable to act as a representative of the student: (indicate which one is involved):

- Student Advisor
- Country Coordinator
- Dean of Students

6. The box below **MUST** be filled in. If a name is typed, it is entered with the understanding that it bears the same authority as that of a hand-written signature.

Approved	Name	Date
Student:		
Representative:		
Registrar:		

Note: this form may be printed, filled out by hand, and then scanned (or photographed). Then attach it to an e-mail addressed to [Registrar@iteeg.org](mailto:Registrar@iteeg.org). If being submitted by the Student Advisor, copy to the Country Coordinator (as applicable) and [DeanofStudents@iteeg.org](mailto:DeanofStudents@iteeg.org).

*Also*, it is fine to simply type all of the requested information and send in an e-mail. Remember, typed signatures at the end are submitted as binding **legal signatures**. If you type everything in an e-mail be sure to include ALL of the needed information. Incomplete or missing things may slow down the approval for graduation.