

For a certificate to be conferred, this application must be completed and submitted to the Spirituality Program Coordinator. It is recommended that this form be turned in with your final paper.

PLEASE PRINT CLEARLY

NAME (as you would like it to appear on your certificate)

MAILING ADDRESS (preferred address to send the certificate)

TITLE OF PRACTICUM _____

The Spirituality Program intends to send an announcement of your graduation to your pastor and judicatory official (Executive Presbyter, District Superintendent, Bishop, or someone you would like to be notified of your graduation). Please provide us with the correct contact information.

PASTOR'S NAME AND ADDRESS

JUDICATORY OFFICIAL'S NAME AND ADDRESS (please indicate relationship, i.e. Executive Presbyter, District Superintendent, Bishop)

Please return to:
Spirituality Program Office
PO Box 520 Decatur, GA 30031
or spirituality@ctsnet.edu