



Application for Graduation

Date Received _____ (office use only) Student ID# _____

Commencement is held once each year at the end of the Winter term in April.

Term of Graduation: Fall Winter Spring Summer

Please submit this completed application, accompanied with the applicable fee, to the Office of the Registrar.

Date of Application: _____ Student Name: _____

Mailing Address: This address will be used to mail all graduation information and your diploma. Please keep your address current. Please note that we will use your SHMS email to communicate all graduation details.

Street Address _____

City _____

State _____

Zip _____

Telephone No. _____

PLEASE INDICATE THE CERTIFICATE/DIPLOMA or DEGREE FOR WHICH YOU ARE MAKING THIS APPLICATION

Certificates & Diplomas:

- | | |
|---|---|
| <input type="checkbox"/> Alumnus/a Certificate (AC) - \$50 | <input type="checkbox"/> Intermediate Diploma in Diaconal Studies (ID) - \$50 |
| <input type="checkbox"/> Certificate in Catholic Theology (CCT) - \$50 | <input type="checkbox"/> Graduate Diploma in Pastoral Ministry - \$50 |
| <input type="checkbox"/> Basic Diploma in Catholic Theology (BD) - \$50 | <input type="checkbox"/> Post-Graduate Certificate in the New Evangelization - \$50 |
| <input type="checkbox"/> Basic Diploma in Music Ministry (BDM) - \$50 | |

Undergraduate Degrees:

- | | |
|---|--|
| <input type="checkbox"/> Associate of Arts in Ministry (AAM) - \$225 | <input type="checkbox"/> Bachelor of Arts in Philosophy (AB) - \$225 |
| <input type="checkbox"/> Bachelor of Arts in Pastoral Theology (AB) - \$225 | <input type="checkbox"/> Bachelor of Philosophy (BPhil) - \$225 |

Graduate Degrees:

- | | |
|--|--|
| <input type="checkbox"/> Master of Arts in Pastoral Studies (MAPS) - \$225 | <input type="checkbox"/> Baccalaureate in Sacred Theology Exam (STB) |
| <input type="checkbox"/> Master of Arts in Theology (MA) - \$225 | AND Master of Divinity (MDiv) - \$250 |
| <input type="checkbox"/> Master of Divinity (MDiv only with no STB degree) - \$225 | <input type="checkbox"/> Licentiate in Sacred Theology (STL) - \$400 |

PRINT YOUR NAME BELOW EXACTLY AS YOU WANT IT TO APPEAR ON YOUR CERTIFICATE OR DIPLOMA (FIRST, MIDDLE, LAST; NO TITLES PLEASE):

PAYMENT INFORMATION

- Check Enclosed I will call the Business Office at 313.883.8692 to make payment.

The undersigned has read and understands the following:

- The seminary policy that all financial obligations must be met before **any academic credential is awarded. See "Student Costs" section of the current SHMS Academic Catalog.**
- This Application for graduation is valid for a period of one academic year, whether I graduate or not and/or participate in the Commencement Exercises. The graduation fee is non-refundable.
- This form may be filed late only with the approval of the Registrar and the addition of a \$75 late fee.

Student Signature: _____ Date: _____

For Office Use:

Date Processed: _____ By: _____

Amount Paid: \$ _____ Credit Card Check No. _____

DA/APP Date _____