

COVENANT THEOLOGICAL SEMINARY

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CERTIFICATE APPLICATION

(Student Version)

I hereby submit this "Certificate Application", whereby I acknowledge I have complete the following courses at Covenant Theological Seminary or through one of the Facilitator sites. I hereby declare that I have fulfilled all requirements of the courses listed, and I am in good academic standing as per all policies and guidelines established.

STUDENT INFORMATION:

(Please print or type legibly. Please double-check your information)

Print student's name as it should appear on degree

Last 4 digits of SS#

Street Address or PO Box

Home Phone Number

City

State

Zip

COURSE INFORMATION: (Please list the courses you have completed to date.)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

SCHOOL INFORMATION:

Facilitator: _____ School: _____

Student's Signature: _____ Date: _____

PLEASE FAX TO: 877-847-9684 or email to info@gocovenant.com