



GRADUATE CHECKLIST FOR STUDENT FILE (MATS, MDIV, CERTIFICATE)

Student's Name _____
(first name) (middle) (last name)

Special Student Status Date removed: _____

Seeking Ordination: No Aspirant Postulant Candidate Other _____

Program Degree: Master of Divinity Master of Arts in Theological Studies Certificate

Denominational Affiliation: Episcopalian/Anglican Other _____

- Has Met Residency Requirements (6 FT sems, M.Div; 4 FT sems, MATS) Copy in file
- Transcript is Complete and Grades Recorded Copy in file
- Goals Statement Approved Copy in file
- General & Special Competence Worksheet Approved Copy in file
- Final Year Conference Form Completed Copy in file

Year End Evaluations:	Year			
	1	<input type="checkbox"/>	<input type="checkbox"/>	Copy in file
	2	<input type="checkbox"/>	<input type="checkbox"/>	Copy in file
	3	<input type="checkbox"/>	<input type="checkbox"/>	Copy in file
	4	<input type="checkbox"/>	<input type="checkbox"/>	Copy in file
	5	<input type="checkbox"/>	<input type="checkbox"/>	Copy in file

Field Ed. Practicum: Half-time Granted for _____ Adviser: _____
 Half-time Granted for _____ Adviser: _____
 Thesis Accepted (if applicable) Thesis Evaluation in file

Intern Year for: Leave of Absence Granted: _____ Evaluation in file
 Completed 1st Field Ed. Unit Dates: _____ Completed 2nd Field Ed. Unit
Dates: _____ Evaluation in file

Recommended by Degrees Committee Date: _____ Initials: _____

Degrees Committee and Faculty Actions (other than above): _____

Date	Actions	Initials

GSQ Completed _____ Date _____