

INTERDENOMINATIONAL THEOLOGICAL CENTER
700 MARTIN LUTHER KING JR. DRIVE, ATLANTA GA 30314-4143

(404) 527-7707

APPLICATION FOR ADMISSION TO CANDIDACY

Please complete, print or type all entries on this form and return to the Office of the Registrar (Costen Center Room 108)

SS# _____ NAME _____ DENOMINATION _____
AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

HOME CITY HOME STATE CURRENT/LOCAL PHONE NUMBER

CURRENT/LOCAL MAILING ADDRESS

UNDERGRADUATE DEGREE: _____
DEGREE YEAR SCHOOL

OTHER DEGREE (S) EARNED:
DEGREE YEAR SCHOOL

DEGREE YEAR SCHOOL

DEGREE FOR WHICH YOU ARE FILING:

- MASTER OF DIVINITY CONCENTRATION _____
- DUAL DEGREE MDIV/MACM CONCENTRATION _____
- DUAL DEGREE MDIV/MACE CONCENTRATION _____
- MASTER OF ARTS IN CHURCH MUSIC
- MASTER OF ARTS IN CHRISTIAN EDUCATION
- DUAL MACE/ MACM
- DOCTOR OF MINISTRY
- DOCTOR OF SACRED THEOLOGY

PROJECTED COMPLETION DATE: DECEMBER ____ YEAR MAY ____ YEAR

NAME OF SPOUSE: _____

CAP & GOWN MEASUREMENTS: CAP SIZE _____ HEIGHT _____ WEIGHT _____

SIGNATURE DATE