BRIERCREST

2024 Seminary Grad Application

Name: FirstM	ddle (optional):	Last:		
(The name o	on your official student record is t	the name that will appear on you	r diploma.)	
Email:	Home Town:	Prov/S	Prov/State:	
From which program(s) are you a	applying to graduate:			
☐ Certificate of the Seminary				
☐ Master of Christian Ministries				
Biblical and Theologic	al Studies 🛮 Christi	ian Ministry	Experiential Ministry	
Leadership and Mana	gement 🛮 Couns	selling and/or Psychology		
☐ Master of Counselling				
☐ Master of Arts (Biblical Langua	ages and Exegesis)			
☐ Master of Arts in Leadership a	and Management			
☐ Master of Arts in Marriage and	d Family Therapy			
☐ Master of Arts (Theological St	udies) (select concentration	on:)		
☐ New Testament I	Old Testament] Theology		
☐ Master of Divinity (indicate co	ncentration if applicable)			
I plan to attend the graduation of I plan to attend the graduation but Please provide your height if you	anquet 🛭 yes 🗘 n	o 🛘 maybe	ony/ (feet/inches)	
I would like the option to purcha	se my: 🛮 hood (\$100.00))	☐ gown XL (\$250.00)	
Signature:	Date:	(<u> </u>		
P	lease submit grad apps to	academicservices@briercr	est.ca.	
OFFICE USE ONLY			Received:	
	Data Entry: Grad Fee: Grad	Late fee: N/A Yes Email	sent:	
☐ BEAM degree	☐ Registered for cou	irses needed Notes	S	
☐ Official transcript on record	☐ Thesis/SRP/Interns	ship/El		
☐ Cumulative GPA of 2.5	☐ Email sent and cop	pied		
☐ Met residency requirements	☐ Registered for PRT	⁻ 800		
☐ Checked Spread Sheet accuracy for program and concentrations	☐ Completed Portfol	io and Interview		
	☐ Received faculty ap	pproval		

(Due: November 15, 2023)