GRADUATION APPLICATION
(Due to Registrar’s Office September 15 for May Graduation, February 1 for December graduation.)

Name________________________________________________________________________
(Print your name as it should appear on your diploma using UPPER & lower case letters & spaces.)

Month/Year Graduating: ___________________ Campus/Cohort#:________________________

Home Address: ________________________________
______________________________________________

Home County: ____________________________ (NOT country)
(Used to communicate graduation updates)

Degree

___ Master of Divinity - Theology & Missions
   ❑ Bible & Theology
   ❑ Church Development
   ❑ Missions
   ❑ Urban Ministry

___ Master of Professional Studies
   ❑ Christian Ministry (PR/Rockland)
   ❑ Urban Ministry (NYC)

___ Master of Arts - Biblical Literature
   ❑ Old Testament
   ❑ New Testament

___ Master of Arts - Intercultural Studies

___ Master of Arts – Biblical Studies

___ Master of Social Work
   ❑ Clinical Social Work Practice
   ❑ Leadership in Organizations & Communities

___ Master of Business Administration
   Concentration ____________________________

___ Master of Science - Org. Leadership

___ Master of Science - Education
   ❑ Childhood Education
   ❑ Childhood Special Education
   ❑ TESOL

___ Master of Arts in Teaching
   ❑ TESOL

___ Master of Arts
  wner of Social Work
   ❑ Clinical Social Work Practice
   ❑ Leadership in Organizations & Communities

___ Master of Arts

___ Master of Arts – Ancient Judaism &
   Christian Origins

___ Master of Arts

___ Doctor of Ministry

Are you planning to participate in the graduation ceremonies?
❑ Both Hooding & Commencement ❑ Hooding Ceremony only ❑ Commencement only ❑ Neither

If you plan to participate in Hooding &/or Commencement, please order a cap & gown from Herff Jones

Signature: ____________________________________________ Date: ___________________

Note: Outstanding academic, financial or library obligations will prevent you from graduating

**Seminary graduates only, please complete the reverse side of this form**

Rockland Campus
Graduate Registrar
Nyack College
350 North Highland Ave
Nyack, NY 10960
(845) 770-5766
(845) 348-3918 (fax)

New York City Campus:
Graduate Registrar
Nyack College
2 Washington St
New York, NY 10004
(646) 378-6117
(917) 237-0399 (fax)
Please complete this section only if you are a graduating Alliance Theological Seminary student:

Where are you from? ____________________________________________________________

Where are you currently ministering? _____________________________________________

______________________________________________________________________________

______________________________________________________________________________

What is your central ministry goal? _______________________________________________

______________________________________________________________________________

______________________________________________________________________________

Standard diplomas list both ‘Nyack College’ and ‘Alliance Theological Seminary’. Please check here if you would prefer that your diploma read only ‘Nyack College’:

❑ Nyack College

Signature: ________________________________ Date: __________________________