

**REQUEST FOR ACCEPTANCE INTO THE MILITARY CHAPLAINCY
CERTIFICATE**

Part I:
(To be completed by the student)

I hereby declare my intention to satisfy all specified requirements of the Military Chaplaincy Certificate within the Masters Degree program listed below. Please consider this petition for program approval.

Date: _____

Name: _____ TCU ID #: _____

Degree Plan: _____MDIV _____MTS _____MATM

Credit hours completed toward degree (including current semester registration): _____

Anticipated Graduation Date: _____

List courses already taken that apply to the certificate:

		Semester/Year
PTPC 60003	The Ministry of Pastoral Care	_____
_____	The Military Chaplaincy	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: In addition to The Ministry of Pastoral Care and The Military Chaplaincy, students must complete at least nine hours in Pastoral Care and/or courses related to war and peace studies.

Part II.

(To be completed by a member of Brite's Permanent Faculty with responsibility for teaching courses in the certificate and after consultation with the Associate Dean for Academic Affairs)

I hereby acknowledge and indicate program approval of the above declaration and student petition.

Name (please print): _____ Date: _____

Signature: _____

Administrative Action/Date: _____