

REQUEST FOR ACCEPTANCE INTO THE PASTORAL CARE CERTIFICATE

Part I:

(To be completed by the student)

I hereby declare my intention to satisfy all specified requirements of the Pastoral Care 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

a. PTPC 60003 The Ministry of Pastoral Care _____

b. PTPC 75023 Short Term Pastoral Counseling **or**
PTPC 75043 Pastoral Conversation and Collaboration _____
Students in the concentration are strongly encouraged to take both courses and may apply one of these courses to “b” below.

c. Choose two PTPC courses with reference to vocational goals and in consultation with your adviser:

PTPC _____

PTPC _____

d. Clinical requirement:
PTPC 75053 Clinical Pastoral Education (Hospital-based only) _____

Part II.

(To be completed by a Faculty member in the Pastoral Theology and Pastoral Care department after consultation with the department)

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

Name (please print): _____ Date: _____

Signature: _____

Administrative Action/Date: _____