

**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 program listed below. Please consider this petition for program approval.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ TCU ID #: \_\_\_\_\_

Program: \_\_\_\_\_CTS \_\_\_\_\_MDIV \_\_\_\_\_MTS \_\_\_\_\_MATM

Credit hours completed toward program (including current semester registration):  
\_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

List courses already taken that apply to the certificate:

|            |                                  | Semester/Year |
|------------|----------------------------------|---------------|
| PTPC 60003 | Pastoral Care in a Complex World | _____         |
| _____      | The Military Chaplaincy          | _____         |
| _____      | _____                            | _____         |
| _____      | _____                            | _____         |
| _____      | _____                            | _____         |

Please note: In addition to Pastoral Care in a Complex World 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: \_\_\_\_\_

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Administrative Action/Date: \_\_\_\_\_