

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 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 |
|--|---------------|
| a. PTPC 60003 Pastoral Care in a Complex World | _____ |
| b. Choose three PTPC courses with reference to vocational goals and in consultation with your adviser: | |
| PTPC _____ | _____ |
| PTPC _____ | _____ |
| c. 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:
