



THE UNIVERSITY OF
WINNIPEG
The United Centre for Theological Studies

Request for Graduation Audit

STUDENT NUMBER: _____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: () _____ CELL: () _____

Certificate Diploma BTh MDiv
 MA (T) MA (SDMP) STM

1) When do you intend to graduate? _____
Month/year

2) Are you currently taking a course(s) to complete your degree work? Yes No
(If no, give date of last registration): _____

3) Are you doing your course work through The United Centre for Theological Studies?
 Yes No (If no, give name of other institution): _____

Date application submitted: _____ Student's signature:
