

Candidates for graduation must complete a Graduation Request Form before the start of their final semester of study. Candidates must meet with his/her academic advisor and receive approval and return it to the Registrar's Office. If a student fails to submit the Graduation Request Form by the appropriate deadline, he/she will not be allowed to graduate.

Name(English): First		Middle	Last	
(As y	ou would like it appear on your diplon	na)		
Korean Name:		Email:	@wr	nu.edu
Student ID:		Date of Birth:		
			(mm/dd/yyyy)	
I exp	ect to graduate with the following degr	ee (check one):		
	Bachelor of Arts in Biblical Studies			
	Bachelor of Arts in Christian Counse	ling		
	Bachelor of Arts in Music			
	Master of Divinity			
	Master of Arts in Theology			
	Master of Arts in Christian Counselir	ıg		
	Master of Arts in Music			
	Doctor of Ministry			
I exp	ect to graduate with the following Cert	ificate (check one):		
	Early Childhood Education			
	Family Christian Counseling			
I exp	ect to complete my degree requirement	s by (check one):		
	Fall/Winter Semesters			
	Spring/Summer Semesters			
I forr	nally request to be considered for gradua	ation.		
Student signature:			Date:	
Offic	e Use Only			
Approved by Academic Advisor			Date	
Approved by Academic Dean			Date	
Rece	ived by the Registrar on	Fee Paid		
			Cash/check	•

INANSFORMATIONAL DIDLICAL EDUCATION