



Intent to Graduate Form

Diploma/Adv. Certificate Today's Date: _____ Student ID#: _____

(Type or print legibly as you want it to appear on the diploma/advanced certificate)

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| | | | |
|--|--|--|--|

Student's First Name

Middle Name (Initial)

Last Name

Current Address: _____
Number Street City State Zip

Phone Number: *Primary:* _____ *Secondary:* _____

Email Address: _____ Date of birth: _____

Applying for the: Advanced Certificate in Bible and Theology Diploma in Bible and Theology

CAP AND GOWN INFORMATION

Cap: use a measuring tape to determine the size of your cap..... inches

Gown: for the correct gown size, list the following: Height **with shoes**..... feet _____ inches

Weight..... lbs

CHURCH INFORMATION

Studied: in a Local Church Online

Church ID#: _____ Church Name: _____

City: _____ State: _____ Group Leader: _____

GRADUATION CEREMONY

We encourage all graduates to make every effort possible to attend the graduation ceremony. It is a well-deserved national recognition for your hard work, tenacity, and accomplishments. However, we know that extenuating circumstances may prevent a few from attending. Whether or not you attend graduation, your diploma will be mailed to you. Please fill out the following section:

"I **will attend**/ **will not attend** the graduation ceremony."

Send the diploma/adv. certificate to the following address: Same as above To the address below:

Person/Church: _____

Address: _____
Number Street City State Zip

PAYMENT INFORMATION

The graduation fee is \$85 per student. Receipt of this form DOES NOT guarantee that you will graduate. Your graduation is contingent upon your successful completion of all coursework with final exams and fees sent to the INSTE office prior to June 30th.

Credit Card Money Order # _____ Check # _____

| | |
|---|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp. Date ___/___/___ CVS _____ Number: _____ - _____ - _____ - _____ Print Name: _____ | Billing Address: _____ City, State, Zip: _____ Authorized Signature: _____ |
|---|--|

Please send this request form to:

INSTE Bible College, Registrar
 2559 E Euclid Ave, Des Moines, Iowa 50317
Fax: (515) 289-9201 **Email:** registrar@inste.org

For Office Use Only

| | | | | | |
|------------------------|----------------------|----------|----------------------|----------|-------------|
| Transcript Checked by: | Diploma Prepared by: | Invoice# | Date Inv. Processed: | Sent on: | Shipped by: |
|------------------------|----------------------|----------|----------------------|----------|-------------|