

Course of Study Certificate of Completion / Graduation Form

You must complete all 20 courses with passing grades.

Congratulations on your Graduation of the Course of Study Program! Please complete & return this form by to Jennifer.Smith@spst.edu.

First Name _____ Nickname _____

Last Name _____ Annual Conference _____

District _____ DS Email _____

Certificate Name: Print the exact way you want your name to appear on your certificate:

Mailing Address (your certificate will be mailed to you after graduation or after final grades are released):

Cell Ph# _____ Birthdate (mo/dy/yr) _____

Email _____

Which course(s) have you NOT completed?

121=111 221=211 321=311 421=411 521=511 122=112 222=212

322=312 422=412 522=512 123=213 523=313 223=413 323=314

423=513 124/113 224=114 324=214 424=414 524=514

Which session/term will you complete your FINAL course? Year: _____ Winter Spring Summer Fall

Do you plan to attend the graduation ceremony if and when we schedule one? Yes No

Are you interested in an Advanced Course of Study ACOS/MACM degree? Yes No

For information on the exact date and time of the ceremony, reception and planning meetings, visit www.spst.edu/cos

Please contact GBHEM for your Official Transcript, to make sure you have completed and passed all 20 classes. COSRegistrar@gbhem.org