

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 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

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

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