



**THORNELOE  
UNIVERSITY**

AT LAURENTIAN

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School of Theology

# *School of Theology* *Application for Graduation*

**If it is your intention to graduate, please return this completed form by mail, fax, email, or in person to Thorneloe University no later than May 15 to be eligible for the Fall Convocation.**

**Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Student No.** \_\_\_\_\_

**Credential Sought:**       Certificate for Anglican Lay Leaders (C.A.L.L.)  
 Diploma of Theology (Dip.Th.) **OR**  Associate of Theology (A.Th.)  
 Bachelor of Theology (B.Th.)

**Expected Date of Completion of Course Requirements:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Permanent Mailing Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Address (if different)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

<i>Office Use Only</i>
Date of Approval: _____
_____
Signature of Registrar