



Certificate in Anglican Studies Tracking Sheet

Name of Student _____

Advisor _____

Degree Program _____ Expected date of graduation _____

1. **Declare intent** to participate in the certificate program no later than spring, middler year.

Signature of Student _____ Date _____

Signature of Director _____ Date _____

Dr. Jo Bailey Wells

2. **Three courses** within the Divinity School with a clear focus on Anglican studies:

Name of course _____ Instructor _____ Semester completed _____

Name of course _____ Instructor _____ Semester completed _____

Name of course _____ Instructor _____ Semester completed _____

3. **Participation in Anglican Spiritual Formation (CHURMIN 4):**

From _____ To _____

4. **Field Education Placement** in an Anglican/Episcopal setting:

Location _____

Supervisor _____

Dates _____

Approved by director _____

Date & Title of Presentation to AEHS: _____

5. **Middler Review with an Anglican/Episcopal faculty member:**

Date _____ Faculty _____ Copy to Director _____

Please return this form to the Office of Academic Formation and Programs (108 Gray)