Certificate in Theology, Medicine, and Culture

Name of Student ____________________________________________________________

Degree Program ___________________________ Expected date of graduation _____________

1. Declare intent to pursue certificate no later than beginning of the last year of degree program.

Signature of Student _______________________________________________ Date __________

Signature of Director _______________________________________________ Date __________

Dr. Ray Barfield

2. Required course in Theology, Medicine, and Culture:

Either: XTIANETH 761 _______ Or: XTIANETH 807 _______ Semester completed _______

3. Two other courses listed as fulfilling the Theology, Medicine, and Culture Certificate:

   Name of course ____________________________ Semester completed _______
   Name of course ____________________________ Semester completed _______

4. Participation in program of ministry-related experience dealing with medicine and/or health:

   CPE _______ Field Education _______ Other (approved alternative) _____________

   Location/Name ____________________________

   Brief Description ____________________________

   Supervisor ____________________________ Dates __________________________

   Approved by Director __________________________

5. Completion of research paper and participation in monthly colloquy:

   Name of Paper ________________________________________________________

   Faculty Member(s) Overseeing Work ____________________________ Semester Completed _______

   Regular Attendance at Monthly Colloquy ____________________________ Date of Presentation _______

6. Student Portfolio Review by Theology, Medicine, and Culture faculty member:

   Faculty ____________________________ Date __________________________

   Copy to Director __________________________

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

   Information not currently available will be filled out as requirements are completed

Revised July 18, 2014