

# Certificate in Theology, Medicine, and Culture

Name of Student \_\_\_\_\_

Degree Program \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

**Declare intent** to participate in the certificate program:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

**Required courses** in Theology, Medicine, and Culture:

XTIANETH 761 **Or** XTIANETH 807 (circle one) Semester completed \_\_\_\_\_

Name of course \_\_\_\_\_ Semester completed \_\_\_\_\_

Name of course \_\_\_\_\_ Semester completed \_\_\_\_\_

**Participation** in program providing ministry-related experience engaging matters of health and illness:

Location/Name \_\_\_\_\_

Brief Description \_\_\_\_\_

Supervisor \_\_\_\_\_ Date(s) \_\_\_\_\_

Approved by Director \_\_\_\_\_

**Regular Participation** in TMC colloquium:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Presentation** of scholarly project:

Name of project \_\_\_\_\_

Presentation date \_\_\_\_\_

Approved by Director \_\_\_\_\_

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