



GATEWAY SEMINARY

ADVANCE Certificate Completion Application

Full legal name: _____ ID #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: (_____) _____ - _____

Please provide **ALL** of the following information:

I am a student at: ADVANCE Center #: _____

**If you are graduating with a diploma and receiving a Certificate from Gateway Seminary, both the graduation application & certificate completion forms must be submitted by the deadline.*

I will complete all my certificate requirements at the end of

Fall January Spring Summer 20____

PLEASE MAIL TO:
ADVANCE Office
3210 E Guasti Rd. • Ontario, CA 91761
ADVANCE@gs.edu

My certificate is in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Christian Leadership |
| <input type="checkbox"/> Christian Ministry | <input type="checkbox"/> Church Education | <input type="checkbox"/> Church Planting |
| <input type="checkbox"/> Discipleship | <input type="checkbox"/> Intermediate Christian Studies | <input type="checkbox"/> Introduction to Christian Studies |
| <input type="checkbox"/> Mission Studies (IMB) | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> On Mission |
| <input type="checkbox"/> Pastoral Ministries | <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Transformational Teaching | <input type="checkbox"/> Women's Ministry | |

Your name **EXACTLY** as you want it to appear on your certificate (no titles will be printed with names):

Certificate Fee - FREE

- To receive your certificate, financial obligations, including library matters, must be in satisfactory order with the Business Office and library no later than the last Monday prior to your expected date of completion.
- Certificate students do not participate in campus graduation ceremonies.

I reasonably expect to have all of my certificate requirements complete by the end of the semester indicated above.

Signature: _____ Date: _____

REGISTRAR OFFICE USE ONLY

Date processed: _____ Initials: _____

Rev. 9/15/2017