



EMORY

CANDLER  
SCHOOL OF  
THEOLOGY

# Certificate Enrollment Form

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Degree: \_\_\_\_\_

Advisor: \_\_\_\_\_

Please enroll me in the following certificate program(s):

*Black Church Studies*

\_\_\_\_\_  
Director, Black Church Studies Program Date

*Women in Theology and Ministry*

\_\_\_\_\_  
Director, Women in Theology and Ministry Date

*Faith and Health*

\_\_\_\_\_  
Director, Faith and Health Date

*Baptist Studies*

\_\_\_\_\_  
Director, Baptist Studies Date

*Religious Education*

\_\_\_\_\_  
Director, Religious Education Date

Select Track:

- Christian Congregational Education
- Christian Ministries with Youth
- Religion and Academy

*Anglican Studies*

\_\_\_\_\_  
Director, Anglican Studies Date

I agree to inform the Candler Registrar and appropriate Certificate Program Director(s) in writing if I wish to be removed from this (these) programs. In participating in this (these) program(s), I agree to work with the Candler Registrar and Certificate Program Director(s) towards the completion requirements as noted in the catalog.

Student Signature

Date

Advisor Signature

Date

*Certificates are awarded simultaneously with the Candler degree.*

Updated 8/7/2009