



EMORY

CANDLER
SCHOOL OF
THEOLOGY

Certificate Enrollment Form

Name: _____

ID: _____

Degree: _____

Advisor: _____

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

Episcopal Studies

Director, Episcopal Studies Date

Baptist Studies

Director, Baptist Studies Date

Black Church Studies

Director, Black Church Studies Program Date

Religion and Health

Director, Religion and Health Date

Human Rights

Director, Human Rights Date

Religious Education

Director, Religious Education Date

Women's Studies in Theology and Ministry

Director, Women's Studies in Theology and Ministry Date

I understand that certificates are awarded simultaneously with the Candler degree. 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 _____