



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