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## INTENTION TO GRADUATE

Complete all of the following information. Please print clearly.

Submit the completed form to the Registrar by March 1st for Spring Graduation.

This form requires Acrobat Reader 8 in order to be submitted online. Visit [www.adobe.com](http://www.adobe.com) to download the latest Acrobat Reader for free.

Date: MM/DD/YY

### YOUR LEGAL NAME Please print clearly in CAPITAL LETTERS your full name as you want it to appear on your diploma.

Surname: \_\_\_\_\_

Full Given Name(s): \_\_\_\_\_

### PRONOUNCIATION OF NAME Is your name often mispronounced? If so, spell it "the way it sounds" below.

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

Middle Name(s): \_\_\_\_\_

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

### DIPLOMA / DEGREE Please check the appropriate box.

<input type="checkbox"/> 1 Year Bible Diploma	<input type="checkbox"/> Bachelor of Theological Studies	<input type="checkbox"/> Master of Theological Studies
<input type="checkbox"/> 2 Year Bible Diploma	<input type="checkbox"/> Bachelor of Theology	<input type="checkbox"/> Master of Divinity
	<input type="checkbox"/> Certificate of Theological Studies	<input type="checkbox"/> Master of Theology

### REQUIREMENTS Please check each. Failure to fulfill any of the following may delay your graduating.

I have met or contacted the Registrar to review the completion of all outstanding requirements including course work, fieldwork/internship, library fines, etc.

I have arranged with the Administrator to have my Graduation Photograph taken.

I have paid my Diploma/Degree Fee as well as my sitting fee for the Graduate Photograph.

**By submitting this form, I attest that the information provided herein is, to the best of my knowledge, complete and accurate.**

Click here to submit this form using your default email application.

Webmail users: Save this completed form on your computer and email to [inquiry@tbs.edu](mailto:inquiry@tbs.edu)

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