

Application for Program Completion from Martin Luther College

Ple	ase mark the certifice Chaplain Mentoring and Co-Educational Techr	aching	□ Evangelism	•
Con	tact Information			
Name:		Today's Date:		
Email Address:		Phone:		
	ne exactly as you would lik is your full legal name, not your n		on your certificate.	
F	irst Name:			
N	fliddle Name or Initial:			
L	ast Name:			
S	Suffix (if applicable) (III, Jr., etc.):			
F	lometown:	State:	Country (if other than	U.S.)
	I am applying to receive i	my certificate	e in the spring. Application Deadlin	e for Spring: April 1
	I am applying to receive I	my certificate		e for Fall: November 1
		Fo	r Office Use Only	
☐Meets certificate requirements ☐Does not meet certificate requirements Dr. John Meyer, Director of Graduate Studies and Continuing Education				Please Mail to: Martin Luther College Attn: Dr. John Meyer 1995 Luther Court
Dr. J	onn ivieyer, Director of Graduate	New Ulm. MN 56073		

New Ulm, MN 56073