



MARTIN LUTHER COLLEGE

## Application for Program Completion from Martin Luther College

**Please mark the certificate program you have completed:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Chaplain</b>               | <input type="checkbox"/> <b>Evangelism</b>      |
| <input type="checkbox"/> <b>Mentoring and Coaching</b> | <input type="checkbox"/> <b>Teaching Online</b> |
| <input type="checkbox"/> <b>Educational Technology</b> | <b>Early Childhood Director</b>                 |

### Contact Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name exactly as you would like it to appear on your certificate.**

*(This is your full legal name, not your nickname)*

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

Middle Name or Initial: \_\_\_\_\_

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

Suffix (if applicable) (III, Jr., etc.): \_\_\_\_\_

Hometown: \_\_\_\_\_ State: \_\_\_\_\_ Country (if other than U.S.) \_\_\_\_\_

**I am applying to receive my certificate in the spring.**  
*Application Deadline for Spring: April 1*

**I am applying to receive my certificate in the fall.**  
*Application Deadline for Fall: November 1*

*For 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  
New Ulm, MN 56073