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GATS **ASSOCIATE OF THEOLOGY** REQUEST FORM

**6 weeks prior to graduation, please send this form   
along with matching transcripts to your *Regional GATS Representative* for review.**

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| --- | --- | --- | --- |
| **Country** | **School Name** | **Missionary Name** |  |
|  |  |
| **Graduation Date**  If not in English, *type as it should appear on the certificate.*  le **dd mm** de l’année 201**y** de notre Seigneur. / el día **dd** de **mm** en el año de nuestro Señor 201**y**. | | **Language of Certificate** | En  Fr  Sp |
|  | | | |

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| **Printing Preference** | **Shipping Method** | **Shipping Address/Instructions   *\*If other than Missionary Mail Packet*** | **Shipping Phone** |
| Print and Ship 🡪  Email PDF file  Email Dropbox link  \*Email address: | Missionary Mail Packet  FedEx  DHL  Other: |  |  |

**ASSOCIATE OF THEOLOGY LIST**

*\** *Please type each name below and double check all name spellings before submission.*



***\*\*For GATS Administration Use Only\*\****

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| Reviewed by  Regional GATS Rep | Reviewed by  Program Director | Okay to Print | Date Received | Date Printed | Date Mailed |
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