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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 🡪 | [ ]  Missionary Mail Packet[ ]  FedEx[ ]  DHL[ ]  Other:  |       |       |

**ASSOCIATE OF THEOLOGY LIST**

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

1.

***\*\*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 |
| [ ]  | [ ]  | [ ]  |       |       |       |