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**INTERMEDIATE DIPLOMA OF MINISTERIAL DEVELOPMENT** 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** |  |
|       |       | **Paper Size** |  A4 Letter |
| **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:  |       |       |

**INTERMEDIATE DIPLOMA LIST**

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

1.

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

**\**Regional GATS Representative*,** please forward approved list and matching transcripts to GATS@upci.org

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| --- | --- | --- | --- | --- | --- |
| Reviewed by Regional GATS Rep | Reviewed by Program Director | Okay to Print | Date Received | Date Printed | Date Emailed/Shipped |
|  |  |  |       |       |       |