



GRADUATION LOGISTICS

1. Complete both sides of the form.
2. Return to FST's Office of Student Services.

NAME: _____

(Exactly as you want it to appear on your diploma and in the program; include any middle names you choose to add and provide correct pronunciation)

FOR RELIGIOUS: Name of your Community/Congregation (Exactly as it should appear in the program):

DEGREE:

- ☐ Master of Divinity (MDiv)
- ☐ Master of Theological Studies (MTS)
- ☐ Master of Theological Studies—Franciscan Theology (MTS-FT online)
- ☐ Master of Arts (MA)
- ☐ Certificate in Theological Studies
- ☐ Certificate in Priestly Formation

MTS, MA, MTS-FT STUDENTS: Exact title of your thesis/capstone project:

Names of your thesis committee members OR faculty mentor as they should appear in the program:

Director (MTS/MA): _____

Reader (MTS/MA): _____

Faculty Mentor (MTS-FT): _____

MDIV STUDENTS: Exact title of your integrative project:

Exact name of your field placement(s) (include city and state):

ALL STUDENTS: Names of hooders (as they should appear in the program; 1 FST faculty member and 1 other person of your choice):

Faculty Hooder: _____

Second Hooder: _____

2nd Hooder's Relationship to you:

ALL STUDENTS: To facilitate our communications with you before and after your commencement, please provide the following information:

Mailing Address: _____

(Street Address, PO Box, etc.)

(City, State Zip Code)

Non-"sandiego.edu" Email Address: _____

Cellphone Number: _____