



His Saving Grace Theological Seminary

205 Fairley St. - Laurinburg, NC 28352

Telephone: (800) 217-1846 Email: info@hsgseminary.com

COURSE TRACKING & INTENT TO GRADUATE FORM

IMPORTANT: This form is required of all students intending to graduate in a given school year. Enclosed with this form is the Course Tracking Sheet, which should be completed and signed by the Administrator and reviewed by the student for accuracy and signature. Copies are to be given to the student, kept at the teaching site, and the original is to be forwarded to our records office. Accurate height and weight must be included for proper gown size. Please keep a photocopy for your records. All information enclosed on this sheet is confidential.

Graduation fee: \$175.00 THIS FEE IS DUE WITH THIS FORM

PERSONAL INFORMATION

Date: _____

Your School Name: _____

Last Name:	First Name:	Middle Initial:

Address:	City:	State:	Zip Code:

Date of Birth:	Place of Birth:	Social Security # (last 4 digits only)

Home Phone #:	Work Phone #:	E-Mail Address:

High School/GED	City:	State:	Zip Code:

Your Height (ft/in)	Weight (lbs)	Degree (Associate, Bachelor, Master, Doctorate)

Print your name exactly as you wish it to be on the Document (NO TITLES)

SIGNATURES

Student Signature:	Administrator Signature:
I certify that the information above is correct. _____ Date	I certify that the information above is correct. _____ Date

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ALL INFORMATION MUST BE COMPLETED FOR A STUDENT TO RECEIVE CREDIT.

[illegible]

Has the Student been evaluated by the Home Office? (check one) Yes ☐ No ☐

Has the Student taken Percentile Testing? (check one) Yes No

Has the Student taken Program Completion (check one) Yes No

1. The Intent to Graduate Form must be initialed and signed by the Administrator.
2. The Intent to Graduate Form must be signed by the Graduating Student.
3. If any courses or studies have come from another source other than this school, they must be verified by a transcript.

Graduation Fees: \$175.00

SIGNATURES	
Student Signature: _____	Administrator Signature: _____
I certify that the information above is correct. _____ Date _____	I certify the course work as complete, Program Completion Date _____ done, and has no outstanding bill due.