



Certificate Program & Non-Degree Application

Personal Information

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Rev. ☐ Dr. ☐ Other

Name: _____
(Last) (First) (Middle)

Name on Previous Academic Records (if different): _____

Preferred Name: _____

Mailing Address: _____
(Street or P.O. #) City State Zip

Permanent Address (if different): _____
(Street or P.O. #) City State Zip

Phone Home: _____ Mobile: _____ Email: _____

Date of Birth: ____/____/____ Country of Birth: _____ Soc. Sec #: _____

** The seminary requests your social security number (SSN) both to maintain the integrity of your academic records and to comply with federal IRS reporting requirements...*

Gender: ☐ Female ☐ Male ☐ Other Profession: _____

Are you a United States citizen? ☐ Yes ☐ No

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Veteran Benefits? ☐ Yes ☐ No Branch: _____

Program Selection

- ☐ United Methodist Advanced Course of Study
- ☐ Global Methodist Church Deacon Studies Certificate
- ☐ Global Methodist Church Elder Studies Certificate
- ☐ General Theological Studies Certificate (GTSC)
- ☐ Biblical Studies Certificate (BSC)
- ☐ Graduate Certificate in Christian Education (GCCE)
- ☐ Non-Degree Program

Note: Certificate Programs

The General Theological & Biblical Studies certificates are 15 credit hour certificates.

The United Methodist Advanced Course of Study Certificate Program is 33 credit hours.

The Certificates in Global Methodist Studies are 30 credit hours.

Note: Non-Degree

All students who want to transfer credits earned at Hood to another institution must verify prior to registering that the course will be accepted as transfer credit by the other institution.

Enrollment Information

When do you plan to enroll? ☐ Fall _____ ☐ Spring _____

☐ Track 1 Hybrid ☐ Track 2 Online

Educational Information

Please list all post-secondary institutions attended:

Institution: _____ Location: _____ Dates: _____ Degree: _____ GPA: _____

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Have you applied or attended Hood before? ☐ Yes ☐ No

Ecclesiastical Information

Denomination or Faith Community: _____

References

List one reference who will submit a recommendation form:

1. Name: _____ Address: _____

Phone: _____ Position/Title: _____

Background Information

Have you ever been:

- Discharged by an employer? ☐ Yes ☐ No
- Convicted of a felony/misdemeanor/sexual misconduct? ☐ Yes ☐ No
- Disciplined or expelled from an academic institution? ☐ Yes ☐ No

If yes, explain: _____

Optional Information

This information is for statistical reporting only.

- ☐ Hispanic/Latino
- ☐ Non-Hispanic
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ White/Caucasian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Two or more races
- ☐ Race & Ethnicity Unknown
- ☐ Nonresident Alien

Signature

I understand that any falsification of information may result in revocation of admission.

Signature: _____ Date: _____