

NAD PASTOR TUITION ASSISTANCE AUTHORIZATION OF GRADUATE COURSES

FIRST NAME	MIDDLE (BIRTHFAMILY NAME) LAST			SOUTHERN ID		
BIRTH DATE	EMAIL			PHONE		
MAILING ADDRESS					it or Audit:	
СІТҮ	STAT	TE	ZIP CODE		or Credit or Audit	
Please indicate the degree and emphasis you are seeking:				Year & Semester		
MASTER OF MINISTRY				Year:		
MASTER OF MINIS	TRY	MAS	STER OF ARTS	Year:		
Church Leadership a			STER OF ARTS	Year: Select ONE semest	er:	
Church Leadership a Evangelism and Mir	nd Management nistry	Old T New	Testament Studies Testament Studies		er: SUMMER	FALL
Church Leadership a Evangelism and Mir Biblical Counseling	nd Management nistry	Old T New ' Theo	Cestament Studies	Select ONE semest		FALL
Church Leadership a Evangelism and Mir Biblical Counseling Please indicate the courses	nd Management nistry	Old T New ' Theo	Testament Studies Testament Studies	Select ONE semest		FALL
Church Leadership a Evangelism and Mir Biblical Counseling Please indicate the courses	nd Management nistry 5 you plan to take this semester	Old T New ' Theo	Testament Studies Testament Studies	Select ONE semest	SUMMER	FALL

I assume financial responsibility for any unpaid balance on my Southern Adventist University account, regardless of sponsorship.

STUDENT SIGNATURE	DATE				
CONFERENCE AUTHORIZATION					
I confirm that this student is an employee of the	Conference.				
AUTHORIZING CONFERENCE OFFICIAL: TITLE Signature required to verify employment, not payment.	DATE				
I authorize Southern Adventist University to send th	nis				
student's tuition statement for full payment to:	street address				
city	state, zip				
I do NOT authorize Southern Adventist University to send the statement to our conference for payment.					

Please keep one copy for your records, send one copy to the student, and submit this form to religiongraduate@southern.edu