

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