

Intent to Enroll

Certificate in Black Church/Africana Religious Studies Program
Graduate Theological Union

Student ID#: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone #: _____

Degree Program: _____ School of Affiliation: _____

Year in Program: _____ Faculty Advisor: _____

*My signature on this form indicates my intent to participate in the GTU
Certificate in Black Church/Africana Religious Studies, fulfilling coursework and
colloquium requirements in order to receive certification.*

Signature: _____ Date: _____

Please return this form to the GTU Academic Dean's Office
3rd Floor, 2400 Ridge Road
Questions? Contact warce@gtu.edu