

Doctoral Studies
UNITED THEOLOGICAL SEMINARY
PROFESSIONAL ASSOCIATE CERTIFICATION

Participant _____

Description of proposed program: _____

Professional Associate _____

Address _____

_____ Phone _____

Proposed Associate's qualifications to furnish resources to the participant

Education:

	School and Location	Dates Attended	Course	Degree	Date Rec'd.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Chief resources the Professional Associate will provide for the proposed program:

How do you propose to work with the Professional Associate?

Endorsements:

Participant _____
(Signature)

Professional Associate _____
(Signature)

Date _____