

APPLICATION TO GRADUATE MPS WITH SCP CERTIFICATE 2025

Students should complete Section 1, sign the form and submit it to the Registrar of their college of Registration by 12 noon (ET) on Wednesday, March 26, 2025.

Section 1 – Student Information, to be completed by the STUDENT

| Student's Last Name: | Student's First N | lame: | Student Number: |
|--|--|---|--|
| College of Registration: | | Student's UofT emai | l address: |
| I understand that: | | | |
| My name will appear on my M my college registrar's office not a name change requested afto convocation period. If I wish to obtain a parchmer college policy is applicable. The successful completion of Pastoral/Psychospiritual Studic awarded. I understand that if I entered the Studies nomenclature, I need made and my transcript and put of My eligibility to graduate, the | o later than March 14, 2025. er the deadline will not be read that which reflects a name change of the Certificate in Spiritures is shown only on my officitle Master of Pastoral Studies to request so in writing to marchment will state Master of issuance of any parchment as | I understand that I will be requeflected on my MPS parchmentage request made after the deal Care and Psychotherapy in the Italian transcript and not on the March sprior to Fall 2024 and wish to be college no later than March and/or academic transcripts wiend/or academic transcripts wiend. | ike to request a name change, I must do so a uired to provide valid photo ID. t as such requests will be processed after the eadline, a parchment replacement fee as pe in conjunction with the conjoint Master of IPS parchment and no separate parchment if to graduate with the Master of Psychospiritual 14, 2025. After which time no change can be ther TST College of the University of Toronto |
| Student Signature: | | | Date: |
| registration Please check the boxes as appropriate TST Registrar by noon, Friday, April 29 I confirm that the above-named stude | 5, 2025. | d forward it along with the | completed MPS & SCP checklists to the |
| | | graduate from the Master o | f Pastoral/Psychospiritual Studies |
| successfully completed | all the requirements to g | graduate from the SCP Certi | ficate |
| submitted copies of all | supervisor and student fi | nal Supervised Pastoral Edu | cation evaluations |
| College of Registration Registrar's Signat | ture: | | Date: |
| Section 3 – Certificate Audit, | to be completed by t | the TST Registrar and r | eported to the Common Stream |
| Please Indicate: Approved / Declined | Signature: | | Date: |
| Office Use: | | | |
| Confirmed in MPS & S | CP CGPA: | Year of | Entry to SCP: |

Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.