

GRACELIFE COLLEGE OF BIBLICAL STUDIES

DOCTOR OF DIVINITY (HONORARY)

ORDER FORM

NAME AS YOU WISH IT TO APPEAR ON DEGREE:

SHIP TO ADDRESS:	
PHONE:	
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DATE YOU WISH TO AWARD DEGREE:

Please Fill Out The Check List:

- 1. I have attached a statement of Service To The Kingdom/ Testimony/
- 2. I have attached _____ letters of recommendation (minimum of 3).
- 3. I have attached a statement explaining purpose of the above consideration. (i.e.: Ministry Anniversary, Retirement, Completion of..., etc.)
- 5. I have paid the cost of the Doctor of Divinity Honorary Degree I am ordering.