



GRACELIFE UNIVERSITY

DOCTOR OF DIVINITY (HONORARY)

ORDER FORM

NAME AS YOU WISH IT TO APPEAR ON DEGREE:

SHIP TO ADDRESS:

PHONE:

EMAIL:

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.

6. I have read, understand, agree with the doctrinal statement WE Believe on the GraceLife University website prior to applying for a Ministerial License or Ordination.

7. I have attached a photograph of person being honored.

NOTE: PLEASE DO NOT FORGET TO PAY YOUR ORDER FEE

**EMAIL THIS ORDER FORM TO DR. GRAY AT:
DrGray@gracelifeuniversity.org