



BOSTON THEOLOGICAL INSTITUTE
Application for Certificate in Religion and Conflict Transformation

Last Name, First Name

Street Address

City, ST, ZIP, Country

E-mail Address

Phone

BTI school where you are enrolled: _____

Are you currently pursuing a degree? Which one? _____

Expected date of graduation: _____

Expected date of certificate completion: _____

Student status:

First Year Second Year Third Year Fourth Year

Other (please specify); _____

Requirements met:

I. One course in Boston University School of Theology core curriculum in conflict transformation, or equivalent. *Please list course title, code, semester, year, and instructor.*

2. Three additional courses that focus on religion and conflict transformation. *Please list course title, code, semester, year, and instructor for each.*

3. Field Education/Practicum (optional; may also count as one of three courses above). *Please list organization, location, date.*

4. Title of Integrative Paper. *Paper should be 5-10pp and reflect theologically on your learning and experience and understanding of religion and conflict transformation, and how they will serve you in your vocation. Copies of the final paper must be mailed or emailed to your Certificate Faculty Advisor, the BTI office, and the RCT office.*

I, the applicant, certify that the information on this application is accurate and complete.

Applicant Signature: _____

Date: _____

I, the faculty advisor, approve the awarding of the certificate to the applicant.

Certificate Faculty Advisor Signature: _____

Certificate Faculty Advisor Name (printed): _____

Date: _____

This application and the final paper must be mailed or emailed to
the BTI Office | btioffice@bostontheological.org
PO Box 391395 Cambridge MA 02139
• the RCT Office | ret@bu.edu
BU School of Theology 745 Commonwealth Ave Rm B-17 Boston MA 02215
• your Certificate Faculty Advisor