

*The Boston Theological Institute*  
***Certificate in Religion and Conflict Transformation***  
***Application for Admission***

To be submitted to Faculty Advisor, BTI Office, and the Coordinator of the BTI Task Force on Overcoming Violence by November 1 for December Graduation and March 15 for May or June Graduation. Students may apply for certificate up to one year following graduation as well.

\_\_\_\_\_  
Name as you would like it to appear on the certificate

\_\_\_\_\_  
Maiden Name or Other Name      E mail Address

\_\_\_\_\_  
(\_\_\_\_\_)      (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Permanent Street Address      Current Phone      Permanent Phone

\_\_\_\_\_  
City/Town      State/Province      Zip/Postal Code      Country

\_\_\_\_\_  
Current Street Address (if different from above)      City/Town      State/Province      Zip/Postal Code

\_\_\_\_\_  
Date of Birth (optional)      Male/Female (optional)

**Religious Affiliation**

Congregation/Parish: \_\_\_\_\_

Regional Body/Diocese: \_\_\_\_\_

Denomination: \_\_\_\_\_

**Application Information**

BTI School of Affiliation: \_\_\_\_\_

Your status (check one)	Student _____ (Please indicate degree program)
	Staff Member _____ Continuing Education Participant _____

Please indicate minister in the vicinity, lay auditor, etc.: \_\_\_\_\_

Current Year of degree program: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Expected Certificate Completion date: \_\_\_\_\_

**Education**

List all colleges and universities in chronological order.

Institution	City/State	Dates Attended	Degree Earned	Date Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Certificate Requirements (See brochure for more information)

## 1) Two Courses in Boston University School of Theology core curriculum in conflict transformation, or their equivalent.

The following BTI School Course Areas will fulfill this requirement:  
Spiritual Formation for Peacebuilding, The Principles and Practices of Restorative Justice, Theology and Trauma Healing, Non-Violence and Peacebuilding, and Human Security.

For more information, please go to [www.bostontheological.org/academic/conflict\\_transformation.htm](http://www.bostontheological.org/academic/conflict_transformation.htm).

Please list course name, number, semester and year, and instructor

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

## 2) Three additional courses which focus on religion and conflict transformation studies.

Please list course name, number, semester and year, and instructor.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## 3) Field Education Practicum

Please indicate year(s) and location

\_\_\_\_\_

## 4) Title of Brief Summary Paper on Learning Objectives:

The paper should be 5-10 pages. Please make and attach three copies: one for your faculty advisor to read and approve, one for the BTI Office, and one for the Coordinator of the BTI Task Force on Overcoming Violence. This paper should summarize and reflect theologically upon your learning and experiences and address your understanding of religion and conflict transformation and describe how the Certificate will serve you in your vocation.

## Additional Information

1) How did you hear about the Certificate? \_\_\_\_\_

2) Can you give us names, addresses, e-mails and /or phone numbers of individuals, religious communities, or organizations to be added to our mailing of information about this BTI Certificate Program?.

Please add additional pages as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signatures

\_\_\_\_\_  
**Applicant** **Date**  
(Certifying that all information is accurate and complete)

\_\_\_\_\_  
**Certificate Faculty Advisor** **Date**  
(Certifying approval of granting the certificate )

\_\_\_\_\_  
**BTI Executive Director** **Date**

\_\_\_\_\_  
**Overcoming Violence Task Force Coordinator** **Date**  
(Approving award of the certificate)