

Atlantic School of Theology
660 Francklyn Street, Halifax, Nova Scotia B3H 3B5
Telephone: (902) 423-6939 Fax: (902) 492-4048

**DIPLoma IN YOUTH MINISTRY PROGRAM
CONFIRMATION OF COMPLETION
OF THIRD PARTY EVENT**

I, _____, on behalf of _____,
(name of authorized individual) (name of host organization or institution)

confirm that _____ attended, participated and completed the requirements of
(name of Diploma in Youth Ministry student)

_____ which was held at _____,
(name of learning event) (location of learning event)

on _____.
(date/s of learning event)

Date form completed

Signature of authorized individual

This form is not to be provided or returned to the Diploma in Youth Ministry student.

**Please ensure that the original, signed form is sent directly
by regular mail from the authorized individual to:**

Youth Ministry Program Director
Atlantic School of Theology
660 Francklyn Street
Halifax, NS B3H 3B5

If you have any questions about completing this form, please contact:

Youth Ministry Program Assistant
Atlantic School of Theology
academicoffice@astheology.ns.ca
(902) 423-5592

Thank you for completing this form.