

# Eagle Christian College

Marion, Ohio

*Be it known that*

## Name

*having completed with Honors the Course of Study prescribed for the Diploma of*

## Doctor of Practical Ministry

*and having been recommended by the Faculty for graduation,*

*is admitted to said Diploma with all the honors*

*and privileges appertaining thereto. In testimony whereof,*

*we have affixed our signatures and the seal of this institution*

*In the year of our Lord Two Thousand Eight*

*the First day of July.*

\_\_\_\_\_  
Director

\_\_\_\_\_  
President

\_\_\_\_\_  
Director

\_\_\_\_\_  
Dean