

## HOUSTON CHRISTIAN UNIVERSITY CERTIFICATE PLAN OF STUDY Certificate in Apologetics Communication

| NAME:  |  |                               | H#            |              |
|--|--|-------------------------------|---------------|--------------|
| Las  | t First  | Mid                           | dle           |              |
| LOCAL ADDRESS:   |  |                               |               |              |
| _  | Street   | City/State                    |               | Zip Code     |
| DAY PHONE:   | CELL PHONE:  | E                             | VENING PHONE: |              |
| EMAIL ADDRESS:   |  |                               |               |              |
| CATALOG YEAR: <u>20</u>  |  |                               | DATE: _       |              |
| To earn a Certificate  | in Apologetics Communication, 12 semester  | hours are required.           |               |              |
| Certificate Require  |  |                               |               | HOUF         |
| APOL 5310  | Apologetics Research & Writing   |                               |               | 3            |
| APOL 5315  | Evangelism for Everyone  |                               |               | 3            |
| APOL 6310  | Apologetics Communication  |                               |               | 3            |
| Three hours from:  | APOL 5360 Film, the Visual Arts, and Apol<br>APOL 5350 Modern and Postmodern Cultu<br>APOL 6375 Creative Writing & Apologetics | ire                           |               | 3            |
|  |  |                               | TC            | TAL HOURS 12 |
| No more than 6 semest<br>No grade below "C".<br>Overall GPA of 3.00 or | REMENTS FOR GRADUATION: ter hours on transfer from another college or universabove. tete certificate within five (5) years.    | sity.                         |               |              |
| Advisor  | DATE   | 1                             |               |              |
| Dean, School of Christian Thou   | ight DATE  | -                             | , v           |              |
| I HAVE READ AND AGREE TO   | O ABIDE BY ALL REQUIREMENTS ON THE CERTIFICATE PLAN  | OF STUDY                      |               |              |
| STUDENT SIGNATURE  | DATE   |                               |               |              |
| THIS CERTIFICATE PLAN OF   | STUDY IS NOT VALID UNTIL RECEIVED & PROCESSED BY TH  | IE OFFICE OF ACADEMIC RECORDS | PROCESSED BY  | DATE         |