

MASTER OF DIVINITY FORM A
Declaration of Specialization

This form is filled out in consultation with the faculty member who oversees the field of specialization and the academic advisor. This form is to be submitted to the Registrar upon completion.

Name of student: _____

Current academic advisor: _____

Faculty in field of specialization: _____

Area of specialization (check one):

- _____ Black Church Ministries
- _____ Christian Religious Education
- _____ Evangelism
- _____ Town and Country Ministries
- _____ Women, Society, and Church Studies
- _____ Restorative Justice and Prison Ministry
- _____ Wesleyan Studies

Statement of purpose for the specialization:

Anticipated year and term of graduation: _____

Signature of student: _____ Date: _____

Signature of current academic advisor: _____ Date: _____

Signature of faculty in field of specialization: _____ Date: _____