MASTER OF ARTS IN CHRISTIAN MINISTRY - MACM
FORM C
MACM COMMITTEE RECOMMENDATIONS

This form is to be completed in the semester prior to the final year of study and submitted to the Registrar.

Student Name: ________________________________________________________________

Specialization: ________________________________________________________________

Overview of Praxis Project:

Recommendations for MACM Committee Member:

In most cases, the second person on the committee is a faculty member in the area of specialization, but other faculty members can be recommended if appropriate to the area of study.

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

_________________________________ _____________________________________
Signature of student       Date

___________________________________________________ _____________________________________
Signature of Academic Advisor     Date

_________________________________________________________________________________________
Assignment of Academic Dean

___________________________________________________ _____________________________________
Signature of Academic Dean     Date

MACM Form C – 7/1/10