

**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