

**MASTER OF ARTS IN CHRISTIAN MINISTRY – MACM  
FORM A  
DECLARATION OF SPECIALIZATION**

**This form is filled out in consultation with the faculty member who serves as MACM Committee Chair and academic advisor in the field of specialization and the Ministry Supervisor. This form is to be submitted to the Registrar no later than at the completion of 10 hours of study.**

Name of Student: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Ministry Setting: \_\_\_\_\_

Ministry Supervisor: \_\_\_\_\_

Area of Specialization (check one):

- Christian Religious Education and Spiritual Formation  
with optional focus in youth ministry
- Deacon Ministries
- Pastoral Care and Health and Welfare
- Social Justice Ministries

Statement of Purpose of the Specialization:

I am seeking certification from The United Methodist Church in \_\_\_\_\_  
(Christian Education, Evangelism, Spiritual Formation, Youth Ministry)

Anticipated date of graduation: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Academic Advisor Date

\_\_\_\_\_  
Signature of Ministry Supervisor Date