

**MASTER OF ARTS (THEOLOGICAL STUDIES) - MA(TS)  
FORM A  
DECLARATION OF CONCENTRATION**

**This form is filled out in consultation with the faculty member who serves as MA(TS) Committee Chair and academic advisor in the field of concentration. 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:** \_\_\_\_\_

**Area of Concentration (check one):**

- Biblical Studies
- Ethics and Church and Society
- Historical Studies
- Theological Studies
- Wesleyan Studies

**Statement of Purpose of the Concentration:**

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

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

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