

Saint Paul School of Theology

**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
- Church Leadership and Evangelism
- 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