



E A R L H A M
SCHOOL *of* RELIGION

M.MIN./M.DIV. PROGRAM
DECLARATION OF MINISTRY EMPHASIS

(Student, please fill out the top portion of the form and return the completed form to the office of the Academic Dean.)

Name

Date

Ministry Emphasis Choice

Degree Choice (M.Div or M.Min.)

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For Office Use

Name of Faculty Mentor Assigned by Academic Dean

Date Mentor Notified of Assignment

Date Student Notified of Assignment