McAfee School of Theology
Master of Divinity Degree
Declaration of Track/Dual Degree

Name: (Print)________________________________________________________________________

Address: ___________________________________________________________________________

____________________________________________________________________________________

Phone #: __________________________ Email: _____________________________________________

Student ID: __________________________ Anticipated Date of Graduation: _____________________

Track/Dual Degree*: ____________________________________________________________

Academic Research, Business Administration, Christian Social Ethics, Congregational Ministry, Global Christianity, Pastoral Care, Urban Mission, M.Div./M.B.A., M.Div./M.S. Counseling, M.Div./M.S. Org Leadership (Nonprofit)

*If you will be/are applying to a dual degree, please indicate “Applicant” and the relevant dual degree program.

Catalogue Year: __________________________

(Example: 2013-2014)

Student Signature __________________________ Date ______________

Faculty Advisor for Track/Dual Degree (Signature) __________________________ Date ______________

Academic Research Track only:

Area of Study
(ex: Church History, Christian Education, Ethics, Leadership, Missiology, New Testament, Old Testament, Pastoral Care, Preaching, or Theology)

Faculty Advisor for Area of Study (Signature) __________________________ Date ______________