

METHODIST THEOLOGICAL SCHOOL

IN OHIO

Office of the Registrar

VERIFICATION OF SPECIALIZATION REQUIREMENTS

Date _____ Student Name _____
Please Print

E-mail _____ Phone # _____ Campus Box _____

I have filed the Intent to Graduate form with the Office of the Registrar and will graduate with the Master of Divinity degree with a Specialization in:

_____.

The following four elective courses comprise my specialization (list course # and term of completion):

_____	_____
_____	_____
_____	_____
_____	_____

My Integrative Project for this specialization was/will be completed in conjunction with

_____.

Course

Student Signature _____ Date _____

Specialization Advisor Signature _____ Date _____

Faculty supervising Integrative Project Signature _____ Date _____
(if different from specialization advisor)

Director of Field Education Signature _____ Date _____
(Only for Youth Ministry specializations, which require Field Education in a context appropriate to the specialization)