



# Wartburg Theological Seminary

## Concentration Declaration Form

*This form is used to declare the intent to complete a concentration with a degree program.  
Return form to the Registrar's Office after signatures are collected.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please Check the Appropriate Boxes Below)*

### Current Program information:

**Degree:**  Master of Divinity  Master of Arts  
 Master of Arts – Diaconal Ministry

**Program:**  Residential  Distributed Learning  Collaborative Learning

**Cohort Year:**  1<sup>st</sup>-Year  2<sup>nd</sup>-Year  3<sup>rd</sup>-Year  Final Year

### Concentration information:

*The faculty person indicated below is who generally oversees this concentration and who can answer most questions regarding completion of requirements. This is also the person whose signature you need at the bottom of the form for concentration advisor.*

**Intended Concentration:**  Rural Ministry [Mark Yackel-Juleen]  
 Hispanic Ministry [Craig Nesson]  
 Mission Development/Redevelopment [Kris Stache]

**Intended Degree Completion Term:**  Spring  Fall **Year:** 20\_\_\_\_\_

### Required Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Concentration Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Registrar:** \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return to this person once all other signatures completed.**