

MASTER OF ARTS IN CHURCH MINISTRIES

Progress Sheet

PENTECOSTAL THEOLOGICAL SEMINARY
 900 WALKER STREET N. E. P.O. BOX 3330
 CLEVELAND, TN 37320-3330



NAME: _____ **Date:** _____

Area of Concentration: _____ **Advisor:** _____

Courses waived: _____

Was Church of God History and Polity taken in undergraduate program? _____ Where? _____

Note any incompletes and directed studies with corresponding teachers.

Biblical Studies	Sem	H	G	Historical & Theological St.	Sem	H	G	Personal Formation for Ministry	Sem	H	G
Pentecostal Exploration of the OT OT501		3		Historical Theology I HT601		3		Pentecostal Foundations for Christian Ministry SA801		3	
Pentecostal Exploration of the NT NT501		3		Historical Theology II HT602		3		Community of Faith SA802		1	
Book Study		3		Pentecostal Spirituality-Theology I TS601		3		COF SA803		1	
				Pentecostal Spirituality Theology II TS602		3		COF SA804		1	
				**COG History & Polity HS650		3		COF SA805		1	
The Life & Ministry of the Church								Care Practicum SA806		1	
Mission and Evangelism WM701		3									
1.		3									

6 Concentration Electives:

1*				3*				5*			
2*				4*				6*			

Biblical Studies _____ Historical & Theological _____ Personal Formation for Ministry _____

Concentration _____ **(54 hour required) Grand Total** _____

* Follow catalog for choices of concentration elective requirements.

** Is required if you have not taken it in your undergraduate degree.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Assistant VP for Academics Signature: _____ Date: _____