



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
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Declaration of Concentration

This form is to be used by Master of Divinity (MDIV) and Master of Educational Leadership (MAEL) students only. Concentrations are not available for other degrees.

Last Name: _____ First Name: _____ Middle Name: _____ ID#: _____

Campus: AZC BAC ONLN ONT PNWC RMC

MDIV Concentrations:

- | | | |
|---|---|---|
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Educational Leadership | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Global Missiology | |
| <input type="checkbox"/> Church Planting | <input type="checkbox"/> Spiritual Formation | |
| <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Theological-Historical Studies | |
| <input type="checkbox"/> Collegiate Ministry | <input type="checkbox"/> Urban Missiology | |

MAEL Concentrations:

- Children's Ministry
- Family Ministry
- Ministry to Women
- Youth Ministry

By signing this form, I not only declare my intent to pursue a concentration in my degree, but I also confirm that I have read the requirements for this concentration in the GS catalog. I realize that not all concentrations are offered at every campus and understand that I may need to travel to another campus in order to take the necessary classes.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Entered: _____ Initials: _____ Copied regional campus (if necessary)