

DOCTOR OF MINISTRY FACULTY READER REGISTRATION

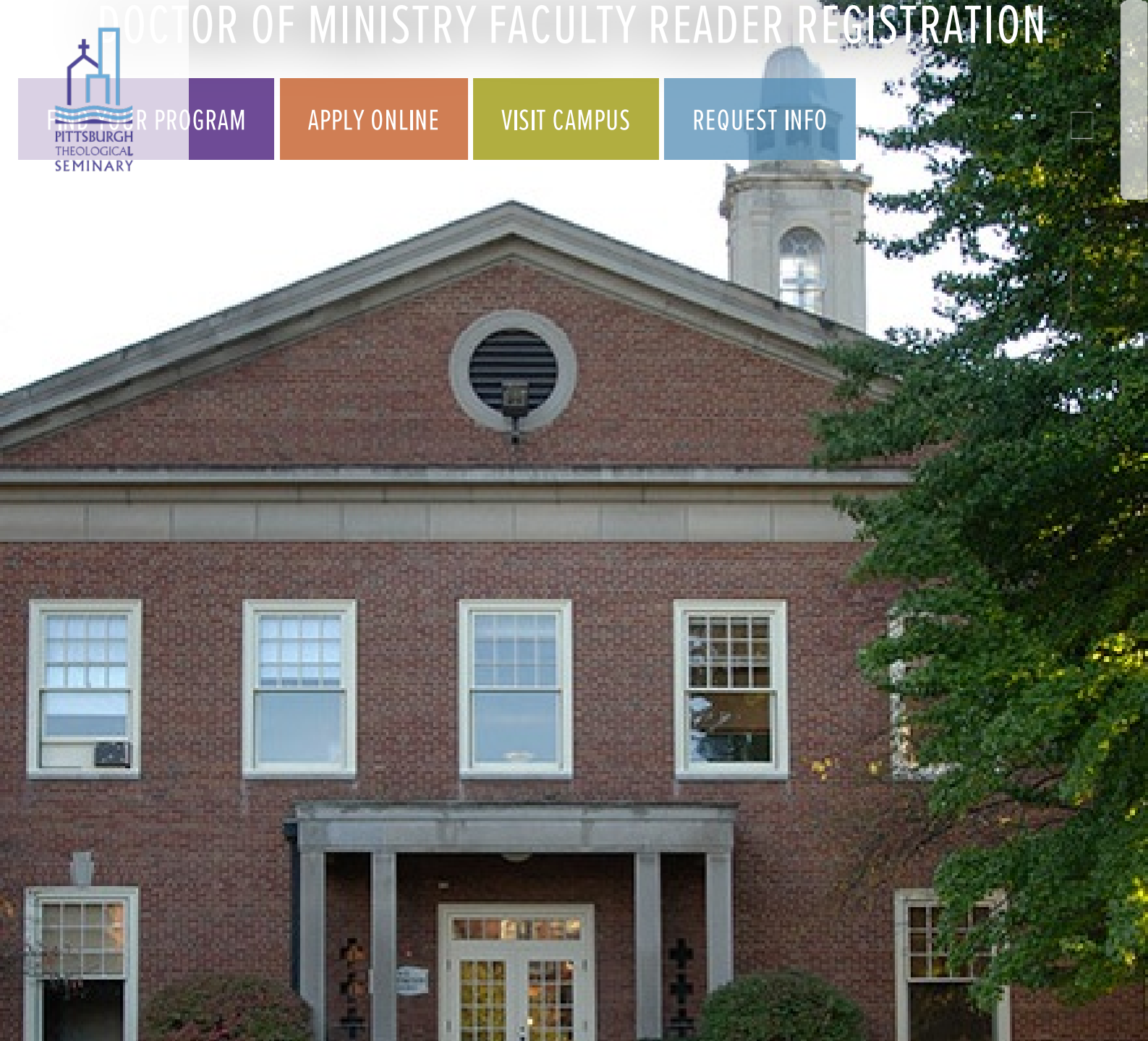


DOCTOR PROGRAM

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REQUEST INFO



DOCTOR OF MINISTRY FACULTY READER REGISTRATION

* First Name:

* Last Name:

* E-mail Address:

* Area of Expertise:

Additional Special Interests:

COHORT PREFERENCE:

- Christian Spirituality
- Creative Writing and Public Theology
- Eastern Christian
- Intergenerational Black Church Studies
- Missional Leadership
- Parish (Risking Faithfully or Parish Risk)
- Reformed Edinburgh

Doctor of Ministry Adjunct Reader Suggestion 1

Name:

Interest/Area of Expertise:

Place of employment:

E-mail Address:

Doctor of Ministry Adjunct Reader Suggestion 2

Name:

Interest/Area of Expertise:

Place of employment:

E-mail Address:

Doctor of Ministry Adjunct Reader Suggestion 3

Name:

Interest/Area of Expertise:

Place of employment:

E-mail Address:

Doctor of Ministry Adjunct Reader Suggestion 4

Name:

Interest/Area of Expertise:

Place of employment:

E-mail Address:

SUBMIT

** required*



Pittsburgh Theological Seminary
616 North Highland Avenue
Pittsburgh, PA 15206
Phone: 412-362-5610



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