



A.17

**DOCTOR OF MINISTRY
Program Proposal Approval**

Student's Name _____
(first name) (middle) (last name)

The attached Program Proposal has been approved by the Doctor of Ministry Colloquium and Faculty Colloquium Adviser.

Colloquium Adviser Signature _____ Date _____

Additional Comments: (If any)

Original with copy of Program Proposal to Registrar

Copies to: Student

Colloquium Adviser