



A.18

DOCTOR OF MINISTRY
Thesis/Project Proposal Approval

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

Proposed Thesis/Project Title: _____

Proposed Completion Date of Thesis/Project: _____

The attached Thesis/Project Proposal has been approved by the Doctor
of Ministry Colloquium, Faculty Colloquium Advisor, and Thesis/Project Supervisor _____

Colloquium Adviser _____ Date _____

Thesis/Project Supervisor: _____ Date _____

Additional Comments: (If any. Use reverse side, if needed)

Original with copy of Thesis/Project Proposal to Registrar

Copies to: Student

Colloquium Advisor

Thesis/Project Supervisor