CLAREMONT SCHOOL OF THEOLOGY

Advisory Committee Selection
Doctor of Ministry Program

Office of the Registrar
1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

To be returned to the Registrar's Office no later than the **first day** of the DMin Colloquium

Student Name: _____

Mentor Name: _____

Area of project interest (if known): _____

_____

_____

_____

ADVISORY COMMITTEE

Faculty Chairperson: _____

Signature: _____

Faculty Committee Member: _____

Signature: _____

Comments:

_____

_____

_____

_____

_____

♦♦♦