



Office of the Registrar

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To be completed and returned to the Registrar's Office by September 15th

As members of the Professional Project Advisory Committee, we certify that we have met together

as a committee with _____ to discuss the
Student's Name
methodology used in the Doctor of Ministry Project.

ADVISORY COMMITTEE

Faculty Chairperson: _____

Signature: _____ Date: _____

Faculty Committee Member: _____

Signature: _____ Date: _____

CONSULTATION

Thesis Secretary: _____

Signature: _____ Date: _____



Received by the Registrar: _____ Date: _____
Signature