



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 completed and returned to the Registrar's Office by March 8<sup>th</sup>**

This is to certify that on \_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Candidate

successfully completed the oral presentation of the Doctor of Ministry Project.

Faculty Chairperson: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Committee Member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Received by the Registrar: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature