CLAREMONT
SCHOOL OF THEOLOGY

Approval of the Second Draft of the D.Min. Project and Abstract

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

SECOND DRAFT DUE **FEBRUARY 15TH** TO THE REGISTRAR

This form and the second complete draft of the project, including the abstract, must be received by the Registrar no later than **February 15th**. The student must provide ***three*** copies: one for each faculty committee member and one for the Thesis Secretary.

Received by the Registrar: ______________________________ Date: ______________
Signature

Student Name: ____

Student Address: ____

Doctor of Ministry Project Title: ____

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As members of the Doctor of Ministry Project Committee, we certify that the Second Draft of the Doctor of Ministry Project and Abstract have been examined and approved.

*When all signatures have been recorded in the order listed below, the oral defense should be scheduled with the Committee. Oral defenses must take place before **March 8th**. The Registrar is to be notified of the date.*

Faculty Chairperson: ____

Signature: _____________________________________ Date: _______________

Faculty Committee Member: ____

Signature: _____________________________________ Date: _______________

Oral Exam Date: ____

<u>Form approval</u>

Thesis Secretary: ____

Signature: _____________________________________ Date: _______________

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Received by the Registrar: ______________________________ Date: ______________
Signature