This form, the final draft and abstract must be electronically received by the Director no later than APRIL 1st.

Received by the Registrar: ______________________________  Date: __________________________

Signature

Student Name: __________________________________________

Student Address: __________________________________________

Doctor of Ministry Project Title: ____________________________

As members of the DMin Practical Research Project Committee, we have examined the Doctor of Ministry Project and Abstract and hereby recommend its acceptance by the faculty of Claremont School of Theology.

Project Advisor: __________________________________________

Signature: __________________________________________  Date: __________________________

Faculty Committee Member: __________________________________________

Signature: __________________________________________  Date: __________________________

The Faculty Committee Member (the Second Reader) should forward the form and draft to the Thesis Secretary no later than April 8th. The completed form must be received by the Registrar no later than April 15th.

Form Approval
Thesis Secretary: __________________________________________

Signature  Date

Dean of Faculty: __________________________________________

Signature  Date

Accepted by Librarian: __________________________________________

Signature  Date

Received by the Registrar: ______________________________  Date: __________________________

Signature