



Iliff School of Theology | DOCTOR OF MINISTRY (DMIN) PROJECT RESULTS FORM

Student Name (First and Last): _____

Student ID#: _____

DMin Project Director Name: _____

Second Faculty Reader: _____

Community Member Reader: _____

Title of Project: _____

Date of Project Presentation and Culminating Conversation: _____

Action by the Project Committee:

- Approval without revisions
- Approval with revisions by _____
- Resubmit by _____
- Not approved

Signature of Project Director: _____ Date: _____

Signature of 2nd Iliff Faculty Reader: _____ Date: _____

Signature of Community Member Reader: _____ Date: _____

Signature of DMin program coordinator: _____ Date: _____

Email completed form to registrar@iliff.edu

Dean: This proposal is ___ Approved ___ Denied

Signature of Dean: _____ Date: _____