



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

Student Name (First and Last): _____

Student ID#: _____

Proposed Project Committee:

1. **DMin Project Director Name:** _____
2. **Second Iliff Faculty Reader:** _____
3. **Community Member Reader:** _____

Explanation (if needed) of the composition of the Project Committee:

Signature of Student: _____ Date: _____

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: _____