



**Iliff School of Theology | DOCTOR OF MINISTRY (DMIN) PROPOSAL 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 Proposal 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](mailto:registrar@iliff.edu)**

Dean: This proposal is \_\_\_ Approved \_\_\_ Denied

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_