



DOCTOR OF MINISTRY (DMIN)
PROJECT COMMITTEE FORM

Iliff School of Theology

General Information

Name: _____ Student ID #: _____
First Middle Last

Email Address: _____

Proposed Project Committee:

- 1. _____ (Project Director)
2. _____ (2nd Iliff Faculty Reader)
3. _____ (Practitioner)

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

Signatures:

Student: _____ Date: _____

Project Director: _____ Date: _____ 2nd Iliff

Faculty Reader: _____ Date: _____ Practitioner:
_____ Date: _____

Action taken: _____ Date: _____ DMin

Director Signature: _____

Send Completed Form | email: registrar@iliff.edu | fax: 303.765.1141

Office the Registrar | Iliff School of Theology | 2323 East Iliff Ave. | Denver, CO 80210

Office Use Only:

Dean: [] Approved [] Denied

Signature of Dean Date

Registrar Notes: _____