



Iilff School of Theology

DOCTOR OF MINISTRY (DMIN)
PROPOSAL RESULTS FORM

General Information

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_
First Middle Last

Email Address: \_\_\_\_\_

Project Title:

Date of Project Proposal Conversation: \_\_\_\_\_

Action by the Project Committee:

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

Signatures:

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_
2nd Iilff Faculty Reader: \_\_\_\_\_ Date: \_\_\_\_\_
Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_
DMin Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Office Use Only:

Dean: [ ] Approved [ ] Denied \_\_\_\_\_

Signature of Dean

Date

Registrar Notes: \_\_\_\_\_