



Iliff School of Theology

DOCTOR OF MINISTRY (DMIN)
PROJECT RESULTS FORM

General Information

Name: _____ Student ID #: _____
First Middle Last

Email Address: _____

Project Title:

Date of Project Presentation and Culminating Conversation: _____

Action by the Project Committee:

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

Signatures:

Project Director: _____ Date: _____

2nd Iliff Faculty Reader: _____ Date: _____

Practitioner: _____ Date: _____

DMin Director: _____ Date: _____

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: _____