



# DOCTOR OF MINISTRY

Project Report Grade Sheet

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Project Title \_\_\_\_\_

**FORM:**

Was the project written in compliance with the project guidelines?  Yes  No

Were Turabian guidelines followed for form and style?  Yes  No

Was the project written at a doctoral level of research and evaluation?  Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTENT:**

What are the project strengths? How will this project benefit the church or ministry agency?

What are the project weaknesses?

Areas for improvement:

Course/Project Grade: \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature Date

\_\_\_\_\_  
D.Min. Director Signature Date

Distribution:  File  Registrar  Instructor  Student