



DOCTOR OF MINISTRY

Project Proposal Approval Form

Student Name _____ ID Number _____

Course Number _____

Course Title _____

Project Proposal Title _____

Project Advisor _____ Date Approved _____

Comments: (See proposal for any additional comments the Advisor may have made.)

**Receipt of this approval form is notification of project proposal approval.
Student may proceed with implementation of project.**

For Office Use Only: Rec'd _____ File Advisor Student On-Site Evaluator