DOCTOR OF MINISTRY

On-Site Evaluator Contract

(Must be submitted with each Project Report)

Student Name _____

Project On-Site Evaluator _____

On-Site Evaluator Address & Phone _____
_____
_____
_____

Qualifications of On-Site Evaluator (Any special experience or education relating to the subject matter of the project):

Terms of the Contract (Describe the kinds of evaluation activities which will be performed - kinds of reports to be submitted):

Approved: _____
Student Signature Date

Approved: _____
On-Site Evaluator Signature Date

Approved: _____
Instructor Signature Date