DOCTOR OF MINISTRY

Project Cover Sheet

(Must be submitted with each Project Report)

Student Name _____

Student Ministry Setting _____

Course Number _____

Course Title _____
_____

Project Title _____
_____
_____

Project Completion Date _____

Project On-Site Evaluator _____

On-Site Evaluator Address & Phone _____
_____
_____
_____

_____
Student Signature Date

_____
Instructor Signature Date