

DMin PROJECT REGISTRATION FORM



Name:	<i>First</i>	<i>Middle initial</i>	<i>Last</i>	SSN:	DMin Track
Local street address: <input type="checkbox"/> Check if new address					
City:			State:	Zip code:	
Home (local) phone:		Cell phone:		Work phone:	
Email address:			Date of birth:	Birth city/state:	
Emergency contact person:			Relationship:	Phone number:	
Name of current church or congregation (as a member or minister):					
Denomination:			If PC(USA), which Presbytery:		
If your church or congregation is non-denominational, check here <input type="checkbox"/> If you do not currently have a church or congregation, check here <input type="checkbox"/>					

Seminars	Term Completed	Credit Hours
Seminar I		6
Seminar II		4
Seminar III		4
Seminar IV		6
Advanced Professional Courses (including Independent Studies)	Term or Date Completed	Credit Hours
Name:		3
Name:		3
Name:		3

Clinical Practicum or Internship Complete YES _____ NO _____
(Pastoral Care and Counseling track only; can be met within an APC or Independent Study)

Project Title: _____

Prospectus Approved: _____ (signature of Assoc. Dean)
 _____ (date of Assoc. Dean signature)
 _____ (signature of First Reader)

Second Reader: _____ (signature of Second Reader)

NOTE: Actual signatures of approving faculty and readers required on this document.

Expected Graduation Date: _____
 Student Signature _____

NOTES: 1. For December graduation, student must register for Project by the end of the preceding spring term, and the Project Report must be defended by October 1; for May graduation, student must register for Project by the end of the preceding fall term, and the Project Report must be defended by March 1. 2. All graduates in an academic year are recognized and presented with diplomas at the May Commencement ceremony.