



Doctor of Ministry Application for Graduation

Year of Anticipated Graduation _____

Date Entered Program _____

OFFICE OF THE REGISTRAR
2930 Woodward Avenue
Detroit, MI 48201
301-831-5200, ext. 207

PLEASE TYPE OR PRINT THE ENTIRE APPLICATION

Legal name **EXACTLY** as it should appear on the diploma. (*Your name may not exceed 30 letters total.*)

First	Middle	Last
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Address _____

Number and Street	City	State	Zip
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Telephone () _____ Student ID # _____

Email Address _____

Program Director's Signature	Date
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Date Submitted _____

\$150 Graduation fee paid _____

**Please obtain required signatures BEFORE submitting this form.
Maintain one copy for personal records, give one copy to your Mentor, and submit the original form to the Registrar's Office and on or before February 1st of your graduating year.**

Doctor of Ministry Graduation Requirement Check Sheet

Please check the program that applies to you:

Regular _____ SPE Waiver _____ ACPE Waiver _____ Military Chaplain Waiver _____

Courses

Dates of Completion

Colleague Group _____

Core Courses: Intro to DMin. I _____ Intro to DMin II _____

Theoretical Foundations of Ministry Events _____ Practical Research and Methodology _____

Dissertation Process I _____ Dissertation Process II _____

Emergent Week Theme Courses (4 or 6 depending on program)

Course Name 1. _____ Date _____

2. _____

3. _____

4. _____

5. _____

6. _____

Emergent Week Summaries (3) _____

Annual Review _____

Candidacy Review Approval _____

Dissertation Defense Date _____

Dissertation Approval Date _____

Dissertation Title _____

Name of Faculty Chair _____

Name of Content Specialist _____

Name of Peer Reader _____

Signatures: _____

Date: _____

Student _____

Colleague Group Mentor _____

Program Director _____