

Name

DMIN THESIS EXAMINATION BOARD

Student Number

Section 1 – To be completed by the DOCTOR OF MINISTRY CANDIDATE

College		U of T Email	
Name of Thesis Director			
Full Title of Thesis:			
Abstract of Thesis: No.	more than one or two paragraphs, attached.	T	
Abstract of Tilesis. No	more than one or two paragraphs, attached.	Abstract attached YES NO	
Intended Date of Conv	. •		
	(year)	(year)	
Student's Signature:		Date:	
Section 2 – To be completed by the DOCTOR OF MINISTRY THESIS DIRECTOR			
Recommended Names of DMIN Thesis Examination Board			
College Examiner	College Examiner Name:		
	Department: ☐ Biblical ☐ History ☐ Pastoral ☐ Theological		
TST Examiner	Name:		
	TST College:		
	Department: ☐ Biblical ☐ History ☐ Pastoral ☐ Theological		
II of T/SGS Fromings			
U of T/SGS Examiner	Name:	Alternate:	
	Department:	Department:	
External Examiner	Name:	Alternate:	
	Institution:	Institution:	
	Department:	Department:	
	CV attached: YES NO	CV attached: YES NO	
DMIN Thesis Director's Signature:		Date:	
		<u> </u>	



DMIN THESIS EXAMINATION BOARD

Section 3 – APPROVAL OF DMIN THESIS EXAMINATION BOARD by the DOCTOR OF MINISTRY DIRECTOR

DMเท Thesis Examination Board has been	☐ APPROVED	☐ NOT APPROVED		
DMIN Director's Signature:	Date:			
NOTE: The DMIN Office is responsible for the distribution of this form.				
ORIGINAL of this form: DMIN Office				
COPY of this form: AD Office, College Registrar, Student				
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