



Doctor of Ministry Application for Graduation

OFFICE OF THE REGISTRAR
2930 Woodward Avenue
Detroit, MI 48201

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

Address _____

Number and Street City State Zip

Telephone () _____ Student ID # _____

Email Address _____

Program Director's Signature Date

Date Submitted _____

\$200 Graduation fee paid _____
***Does not include price of cap, gown & stole**

Maintain one copy for personal records, give one copy to your Mentor, and submit the original form to the Registrar's Office on or before February 16th of your graduating year.

Doctor of Ministry Graduation Requirement Check Sheet

Courses

Dates of Completion

6 Dissertation Component Courses

6 Core Courses

6 Emergent Week Theme Courses

Theme Course Name & Dates

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

6 Emergent Week Summaries

3 Years of Colleague Group _

Candidacy Review Approval Date

Dissertation Defense Date

Dissertation Title

Name of Faculty chair

Name of Content Specialist

Name of Peer Reader

Signatures:

Student

Colleague Group Leader/ Mentor

Program Director