



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
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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

Date Submitted _____

\$150 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 and on or before February 11th of your graduating year.

Doctor of Ministry Graduation Requirement Check Sheet

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