D.MIN. PROJECT PROPOSAL EXAM SCHEDULING FORM

Student Name: ________________________________ Date Submitted: ______________

Email: ____________________________________________________________________________

Project Title: _________________________________________________________________________

Advisor: ________________________________________________________________

Three dates/times at which both student and advisor are available (Exam is typically 90 minutes):

1. ________________________________________________________
2. ________________________________________________________
3. ________________________________________________________

Two Additional Readers Requested: Reader Approved by Dean:

1. _________________________________  _____________________________
2. _________________________________  _____________________________

Office Approval Needed: Signature Required:

Advisor: Advisor agrees that the student is ready for exam. _____________________________

Registrar: All outstanding grades have been recorded and _____________________________
  course requirements have been met.

Dean of Seminary: Exam is approved to take place. _____________________________

Room booking has been made for:________________________________________________________

Student, Reader, and Advisor have been notified of confirmed date:_________________________________

**Please return this form to the Dean’s Executive Assistant with your exam copies once you have
obtained signatures from your Advisor, and the Registrar. Thank you.