 **DMin Graduation Form**

**Registration Services**

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**After filling out your name, date, and title, please print this form. This form must be signed by the Faculty Team after your Oral Defense, and the original with signatures must be given to the DMin Program Coordinator for action by the DMin Committee.**

Name of Participant       Date of Enrollment

Research Project Title

**A. Action of the Faculty Team**

The members of the Faculty Team met on       (date) at       (place) to evaluate the Project and conduct an Oral Defense with the Participant. After due examination, we find that the Report is acceptable, that the **Oral Defense** was successful, and that the Participant has thereby met this requirement for graduation.

Signed      , Faculty Adviser

     , Faculty Reader

      , Faculty Reader

**B. Action of the DMin Committee**

Recommendation for graduation was voted by the DMin committee on       (date).

Signed      , DMin Program Director

**C. Action of the Faculty**

Graduation was voted by the Garrett-Evangelical faculty on       (date).

Signed      , Academic Dean