

GRADUATION FORM

**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