



Section 1 – To be completed by the STUDENT

Name	Student Number
College	Session
U of T email	DMIN Comprehensive Code

Section 2 – To be completed by the STUDENT

Expected Title of Comprehensive:	
Description of Comprehensive:	
Student's Signature:	Date:

Section 3 – To be completed by the DOCTOR OF MINISTRY DIRECTOR

Comprehensive Examining Committee	
College Advisor	
TST Faculty Member	
DMIN Alumnus/Alumnae	
DMIN Director's Signature:	Date:

NOTE: The DMIN Office is responsible for the distribution of this form.

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