

Andrews University
Doctor of Ministry Program Extension Request
Information for the DMin Committee

DMin Committee meeting date _____

Participant Name		Program start date	
ID #		Program end date	
Concentration/Cohort		# Previous extensions (describe when & action taken)	
Credits registered			
Credits completed			
GPA		Project proposal submitted?	
Participant supporting statement attached?		Project proposal approved?	

(optional)

This is a request for an extension to begin _____ and end _____

Advisor's name _____

Advisor's supporting statement (required) _____

Advisor's signature _____

(an attached email or note will suffice in lieu of advisor comments and signature)

Comments from DMin office or cohort coordinator _____

DMin Committee Action:

<input type="checkbox"/> Extension approved to _____	_____
	(date)
<input type="checkbox"/> Extension request denied	_____
Additional comments	_____
