**Doctor of Ministry in Ministry Leadership Projects Cover Page**

**Name:**

**Street Address:**

**Email Address (required):**

**Course Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Faculty Use Only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project One Mark: Project Three Mark:**

**Project Two Mark: Project Four Mark:**

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***Following the mark for the final course, the final program mark is awarded.***

**Final Doctor of Ministry Program Mark:**