**Doctor of Ministry in Ministry Skills 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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Final Doctor of Ministry Program Mark:**