

**PACIFIC SCHOOL OF RELIGION
DOCTOR OF MINISTRY
INTEGRATIVE REVIEW CERTIFICATION FORM**

NAME _____

MINISTRY _____

FOCUS OF STUDY _____

SUMMARY OF COURSE WORK COMPLETED:

<u>COURSE NO.</u>	<u>TITLE</u>	<u>CREDIT HOURS</u>
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TOTAL HOURS _____

AFTER HAVING EXAMINED THE CANDIDATE ON HER/HIS MASTERY OF THE ABOVE MINISTRY FOCUS AS REFLECTED IN THE COURSE WORK INDICATED, INCLUDING THE RELATION OF THE MINISTRY FOCUS TO THE CANDIDATE S WORK SETTING, WE CERTIFY SATISFACTORY COMPLETION OF THE D.MIN. COURSE WORK REQUIREMENT.

ADVISOR/CHAIR _____

DATE: _____