

**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 SIGNATURE \_\_\_\_\_

COMMITTEE MEMBER SIGNATURE \_\_\_\_\_

COMMITTEE MEMBER SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_