

# D.MIN. THESIS PROPOSAL APPROVAL FORM

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DUKE DIVINITY SCHOOL

**Thesis Title:**

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**Student Name:**

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*Approved By:*

**Supervisor Name:**

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**Supervisor Signature:**

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**Date:**

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**D.Min. Director Name:**

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**Director Signature:**

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**Date:**

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Proposal submitted in partial fulfillment of  
the requirements for the degree of Doctor of Ministry  
in the Divinity School of Duke University