

## **DMIN Project Registration**

Student Name: \_\_\_\_\_

Project Advisor Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Project Title:

\_\_\_\_\_  
\_\_\_\_\_

Date of Projected Completion and Defense:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Project Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

D.Min. Director Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_