

C O L U M B I A
T H E O L O G I C A L
S E M I N A R Y

DOCTOR OF MINISTRY / DOCTOR OF EDUCATIONAL MINISTRY
QUALIFYING EXAMINATION FORM

Name _____

Address _____

Phone _____

Fill in after satisfactory completion of Qualifying Examination.

The above named student has satisfactorily completed the Qualifying Examination.

The Qualifying Examination was completed on _____
(*date*).

First Reader's Signature

Date

Second Reader's Signature

Date

Please return this form to Registrar (Box 11F).