Comprehensive Theological Reflection Paper (CTRP) Approval Form

Name: _____

Address: _____

Primary phone: _____

Requesting approval for (Select one):

❒ Master of Divinity CTRP (MN915)
❒ Master of Arts in Pastoral Ministry CTRP (MN910)

Topic of Paper: _____

Approval to begin CTRP:

_____	_____	_____
Director	Date	Date Due
_____	_____	
Academic Dean	Date	

Approval of CTRP's completion:

_____	_____
Director	Date
_____	_____
Received by Academic Dean	Date

Recording and archiving:

_____	_____
Received by Registrar	Date
_____	_____
Received by Librarian	Date