Form 2B

ST. STEPHEN'S COLLEGE
DOCTOR OF MINISTRY PROGRAM
PROJECT VISION APPROVAL FORM
Development of an Innovative Model for Ministry

Name of Student:	
Project Vision Title:	

STUDENT IS TO SEND THE COMPLETED PAPER TO THE PROGRAM CHAIR TO BE ASSIGNED A REVIEWER.

Purpose: To provide the focus for the remainder of the DMin Journey. 20-25 (no more) pages.

1. Demonstrate need for the model/prototype being proposed				
Write a succinct introductory outline of proposed project	☐	Satisfactory	☐	Unsatisfactory
Define need succinctly	☐	Satisfactory	☐	Unsatisfactory
Predict potential users	☐	Satisfactory	☐	Unsatisfactory
2. State and contextualize the issue				
Write a clearly stated research question	☐	Satisfactory	☐	Unsatisfactory
Write a clearly stated subsidiary question	☐	Satisfactory	☐	Unsatisfactory
Propose methodologies and explain why these are appropriate options (no design details are needed)	☐	Satisfactory	☐	Unsatisfactory
Define all terms, when they first appear	☐	Satisfactory	☐	Unsatisfactory
Define all terms so that individuals outside the field may understand them	☐	Satisfactory	☐	Unsatisfactory
List assumptions	☐	Satisfactory	☐	Unsatisfactory
Explain why the question is important by giving a historical/theoretical background	☐	Satisfactory	☐	Unsatisfactory
3. Show that the project will advance the goals of the DMin program				
Show an understanding of the nature and purposes of ministry	☐	Satisfactory	☐	Unsatisfactory
Identify potential theological/spiritual themes in the project being proposed	☐	Satisfactory	☐	Unsatisfactory
Demonstrate ability to reflect theologically/spiritually about the practice of ministry	☐	Satisfactory	☐	Unsatisfactory
4. Critically review a preliminary body of literature. If possible:				
Identify areas of prior scholarship	☐	Satisfactory	☐	Unsatisfactory
Identify areas of controversy in the literature	☐	Satisfactory	☐	Unsatisfactory
Identify questions unanswered in the current literature	☐	Satisfactory	☐	Unsatisfactory
Explain how the proposed project will add creative new knowledge to the field	☐	Satisfactory	☐	Unsatisfactory

Attach additional comments if required.

APPROVAL	
Name of Reviewer	
Signature of Reviewer	
Date	

SUBMIT TO DEPARTMENT CHAIR

OFFICE USE ONLY	*Date/Initial*
Received by Department Chair, Admin-honoraria	
A/Registrar: Completion 'S' entered in database	