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	Satisfactory	Unsatisfactory
	ministry		
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	
A/Registrar: Completion 'S' entered in database	