



TRINITY
THEOLOGICAL COLLEGE

"Preparing People for Effective Christian Service"

Master of Divinity Project Administration Form

Name _____ ACT Number _____

Field of Study New Testament Theology Pastoral Care Language
(Please circle one)

Basic Thesis idea (s)

(Does not need to be specific just general thoughts, further development will be done in conjunction with a supervisor)

Meeting Schedule

(To be filled in by supervisor and student, indicate day and time in space provided)

Meeting	Semester One	Meeting	Semester Two
1 must be before		1 must be before	
2		2	
3		3	

Student's signature _____

Lecturer's signature _____

Lecturer Use Only

Supervisor assigned AC MF SR DW AN

Marker assigned AC MF SR DW AN

Assessment Procedure Form submitted Yes Date _____

Semester 1 Progress Report given to Registrar Yes Date _____

Registrar Use Only

Assessment Procedure Form returned Yes Date _____