



Graduate Theological Foundation  
Dodge House  
415 Lincoln Way East  
Mishawaka, IN 46544  
800.423.5983 / 574.255.3642 Fax 574.255.7520  
information@gtfeducation.org www.gtfeducation.org

MASTER'S PROJECT SIGN OFF

Student Name: \_\_\_\_\_  
(Name as you wish it to appear on your diploma)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Degree Program: \_\_\_\_\_

Year of acceptance: \_\_\_\_\_

Project Title:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Consultant: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Title/position: \_\_\_\_\_

This form must be attached to the master's project when it is submitted.

The student will be notified by mail upon evaluation of the project by the Faculty of the Graduate Theological Foundation.