

C O L U M B I A P R O P O S A L F O R
T H E O L O G I C A L D . E d . M i n . P R A C T I C U M
S E M I N A R Y

Name: _____
Address _____
Phone (h) (_____) _____
(o) (_____) _____
E-Mail: _____

NOTE: *Your registration is not complete until this proposal is approved & your course fees have been paid in full.*

1. Proposed Supervisor:

Name: _____
Address: _____
Telephone (office): (_____) _____
Social Security No. _____ (*required for payment of the supervisor*)
Qualifications: _____

2. Proposed Dates for Supervised Ministry: from _____ to _____
(Practicum must be completed within 12 months.)

3. Academic Status. By the beginning of the proposed practicum, I will have completed the Introductory Seminar (6 hours) plus _____ additional required courses.

4. CTS Faculty Adviser: _____

5. Church Support. This proposal has been discussed and agreed to by the following governing body or individual to whom I am accountable: _____

6. Members of Your Peer Group: _____

7. General Description of the Supervised Ministry Experience.

A. Goal—*State the basic goal of this practicum in terms of what you hope recipients will receive from this act of ministry:* _____

