

PROPOSAL FOR DOCTOR OF MINISTRY PRACTICUM

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. **Course** (please check ONE):

_____ Practicum: Clinical Pastoral Education (SM610) *–accredited CPE centers only*

_____ Practicum: Church and Ministry (SM680)

_____ Practicum: Preaching (SM681)

_____ Practicum: Christian Spirituality (SM682)

_____ Practicum: Gospel and Culture (SM683)

_____ Practicum: New Church Development (SM686)

2. **Supervisor:**

Name: _____

Mailing Address: _____

E-Mail Address: _____

Telephone (office): (_____) _____

Social Security no. _____ *(required for payment of the supervisor)*

Qualifications: _____

3. **Proposed Dates for Supervised Ministry.** Begin: _____ End: _____

(Practicum must be completed with 12months.)

4. **Academic Status.** By the beginning of the proposed practicum, I will have completed the Core Seminar (6 hours) plus _____ additional semester hours in the D.Min. program.

5. **CTS Faculty Adviser:** _____

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

Student's Name: _____

8. General Description of Act of Ministry in Practicum

A. Goal—State the basic goal of this practicum (from perspective of those who will be recipients of this ministry): _____

B. Time Allocations—Identify the major acts of ministry in practicum, including supervision, and give your best estimate of hourly allotments for each activity, totaling 400 hours.

9. Form and structure of supervision process—Indicate how student and supervisor envision working together in an intentional learning process.

10. Members of Your Peer Group: _____

11. Methods of Evaluation—Describe how student and supervisor plan to evaluate student's work in the practicum. Example: We will measure progress on stated learning goals.

NOTE: At the conclusion of the Practicum both the student and the supervisor must submit separate written assessments of this practicum. (See Practicum "Guidelines" for details.)

Signature of Student

Signature of Supervisor

Date proposal submitted: _____