



## Candidate Plan

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**Candidate's Name:** \_\_\_\_\_  
Last Name First Name / Given Name Middle

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Synod of Candidacy:** \_\_\_\_\_

**Date of Entrance Decision:** \_\_\_\_\_ **Candidacy Committee Relator:** \_\_\_\_\_

**Seminary Where Enrolled:** \_\_\_\_\_

**Seminary Program/Track:** \_\_\_\_\_

**Seminary Advisor:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Anticipated Timeline of Candidate's Seminary Program:**

**Anticipated CPE Site/Program and Dates/Duration:**

**Anticipated Contextual Learning and/or Field Experience Site/Program:**

**Contextual Learning and/or Field Experience Supervisor(s):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Anticipated Timing of Candidate's Endorsement and Approval Interviews:**

**Endorsement:**

**Approval:**

***Section for Candidates Attending a Non-ELCA Seminary***

ELCA seminary of affiliation \_\_\_\_\_

ELCA Faculty Advisor \_\_\_\_\_ Email \_\_\_\_\_

Outline below your plan for fulfilling Lutheran Learning and Formation requirements.

Date form completed:

Additional comments: