



REPORT OF INTERNSHIP / REPORT OF FACULTY: FORM D

Candidate's Name: _____

Synod Name: _____

REPORT OF INTERNSHIP

Congregation/Institution: _____ Supervisor's Name: _____

Internship period: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Statements regarding the internship: Intern: (Limit 800 characters)

Supervisor: (Limit 800 characters)

Committee: (Limit 800 characters)

Signature: _____ Date: _____

MM/DD/YYYY

REPORT OF FACULTY

Recommendation of Faculty: _____

Please comment on each of the following areas:

1. Academic and theological competence

2. Call to ministry and ministry gifts:

3. Practical readiness and leadership skills

Seminary: _____

Signature: _____ Date: _____

MM/DD/YYYY