

## APPROVAL DECISION FOR CANDIDACY (FORM E)

Name: \_\_\_\_\_  
LAST NAME FIRST NAME/GIVEN NAME M.I. SUFFIX

\_\_\_\_\_  
LAST NAME AT BIRTH (IF DIFFERENT) Leader Key: \_\_\_\_\_

\_\_\_\_\_  
FULL NAME

Address: \_\_\_\_\_  
ADDRESS LINE 1 ADDRESS LINE 2 (IF NECESSARY)

\_\_\_\_\_  
CITY STATE POSTAL CODE

On \_\_\_\_\_ the Candidacy Committee of the \_\_\_\_\_ of the Evangelical Lutheran  
DATE: MM/DD/YYYY SYNOD

Church in America has acted to \_\_\_\_\_ for \_\_\_\_\_  
DECISION ROSTER AND TRACK

Statement regarding the candidate. *(Please be explicit.)*

Recommendations for growth in ministry / First Call Theological Education:

When the decision is to deny approval, clearly state the basis for the committee's decision.

Identify the specific criteria which informed the decision to postpone.

State the specific action which must occur, or conditions which must be met, in order to be reconsidered.

Identify persons who will work with the candidate.

Date for reconsideration of the postponement decision: \_\_\_\_\_

Committee Chair: \_\_\_\_\_  
SIGNATURE NAME: PLEASE PRINT DATE: MM/DD/YYYY

Committee Member: \_\_\_\_\_  
SIGNATURE NAME: PLEASE PRINT DATE: MM/DD/YYYY

An Approval is valid for 12 months. When an Approved candidate has not received and accepted a letter of call within one year after Approval, the candidate may request in writing a renewal of Approval prior to the meeting of the Candidacy Committee closest to the end of that 12-month period. The Candidacy Committee may request an interview with the candidate prior to deciding on a renewal of Approval, but such an interview is not required.