



THEOS

BIBLE COLLEGE

MINISTRY PRACTICUM SUMMARY LOG

DATE: _____

IMPORTANT: PLEASE PRINT OR TYPE, except for boxes marked "signature." This form is required of all certificate, undergraduate, and masters students. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 72 hours (176 hours for masters students) in the ministry of the church he/she attends. Work must be performed during the student's current program of study. It is the student's responsibility to ensure that this form is completed and submitted to his/her student advisor prior to graduation. Fill out one line of Section #3 per job performed. Use multiple sheets if necessary. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> _____	MAIDEN NAME (if, app.)
TBC LEVEL:	<input type="checkbox"/> Diploma <input type="checkbox"/> Assoc. <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2	<input type="checkbox"/> Adv.Dip. <input type="checkbox"/> Bach. <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	E-MAIL ADDRESS			

2. CHURCH INFORMATION

CHURCH		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
SENIOR PASTOR NAME	OFFICE AREA CODE & PHONE NUMBER	OFFICE AREA CODE & FAX NUMBER

3. SERVICE RECORDS

TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
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	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TOTAL HOURS WORKED		STUDENT SIGNATURE	

*SUPERVISOR: YOUR SIGNATURE ATTESTS THAT THE STUDENT PERFORMED HIS/HER ASSIGNED TASKS IN A FAITHFUL & SATISFACTORY MANNER

MINISTRY PRACTICUM SUMMARY LOG - Continued

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	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.				<input type="checkbox"/> _____	

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