



STUDENT MINISTERIAL PRACTICUM REPORT

Student Name:	
Area of Ministry:	Start date: End date:
Place of Ministry:	Supervisor name:

INSTRUCTIONS: This form is to be completed by the student and turned in to the Academic Dean by March of the student academic year. The student is to complete a minimum of 72 hours Ministerial Practicum. The purpose of the Practicum is to give the student a hands-on-training experience and to help the student to identify their areas of strengths and weaknesses.

1. BRIEFLY DESCRIBE THE DUTIES AND RESPONSIBILITIES OF YOUR AREA OF MINISTRY	2. DID YOUR SUPERVISOR CLEARLY EXPLAIN YOUR DUTIES AND RESPONSIBILITIES? WAS HE/SHE ACCESSIBLE TO ASSIST YOU? YES ___ NO ___ EXPLAIN
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3. HOW MANY HOURS A WEEK HAVE YOU DEDICATED TO PREPARE TO MINISTER? (PRAYER, FASTING, BIBLE READING/STUDY, ETC.) _____

4. GIVE A SUMMARY OF YOUR PERSONAL AND SPIRITUAL GROWTH DURING YOU MINISTERIAL PRACTICUM.

• WHAT ARE YOUR AREAS OF STRENGTHS AND WEAKNESS? (AREA IN NEED OF GROWTH)	• WHAT HAVE YOU DONE TO OVERCOME THE AREAS OF WEAKNESS?
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5. HAS THE MINISTERIAL PRACTICUM HELPED YOU TO DETERMINE YOUR SPECIFIC AREA OF MINISTRY? Yes ___ No ___ Explain	• WHAT HAS BEEN YOUR MAJOR ACHIEVEMENT?
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6. HOW MANY HOURS DID YOU COMPLETE DURING YOUR MINISTERIAL PRACTICUM? (Minimum of 72 hrs. required) _____

STUDENT SIGNATURE _____ DATE: _____

ACADEMIC DEAN SIGNATURE _____ DATE: _____

