Please read these instructions before your proceed!

Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at http://get.adobe.com/reader.

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Please do ***not*** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at http://get.adobe.com/reader.

USE THE MOST RECENT VERSION OF ADOBE READER

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Do ***not*** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.

ASSOCIATE IN MINISTRY ACADEMIC CRITERIA/THEOLOGICAL EDUCATION INFORMATION AND PLANNING

Name: _____ _____ _____
LAST NAME FIRST NAME/GIVEN NAME TITLE

Address: _____ _____ _____ _____
CITY STATE POSTAL CODE

Phone: _____ **Email:** _____

Synod: _____ **Congregation:** _____

City: _____ **State:** _____

Expected Field of Service as Associate in Ministry: _____

EDUCATION*

College/University/Seminary

Institution: _____ **Dates attended:** _____
MM/YYYY - MM/YYYY

Location: _____ **Major:** _____ **Degree:** _____

Graduate School

Institution: _____ **Dates attended:** _____
MM/YYYY - MM/YYYY

Location: _____ **Major:** _____ **Degree:** _____

Post Graduate

Institution: _____ **Dates attended:** _____
MM/YYYY - MM/YYYY

Location: _____ **Major:** _____ **Degree:** _____

***If you do not hold a bachelor's degree, please refer to "Waiver of Bachelor's Degree" and consult with the Candidacy Committee.**

EDUCATION*

Do you have professional certification or licensure in any specialization? ☐ Yes ☐ No

If yes, please list below and send a copy of your certificate with this form.

Certification or License:	**Issuing Agency:**	**Date:**

THEOLOGICAL EDUCATION WORKS — CORE CURRICULUM

BIBLE

Old Testament

Course Title	Academic Institution	Date	Credits

Old Testament

Course Title	Academic Institution	Date	Credits

THEOLOGY/ETHICS

Lutheran Confessions & Theology

Course Title	Academic Institution	Date	Credits

Systematic Theology

Course Title	Academic Institution	Date	Credits

CHURCH HISTORY

Course Title	Academic Institution	Date	Credits

SPECIALIZATION FOCUS

Course Title	Academic Institution	Date	Credits

Total Credits Planned: _____ **Total Credits Completed:** _____