



## REPORT OF INTERNSHIP / REPORT OF FACULTY: FORM D

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Candidate's Name: \_\_\_\_\_

### REPORT OF INTERNSHIP

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Congregation/Institution: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Internship period: \_\_\_\_\_ to \_\_\_\_\_ Horizon internship?  Yes  No  
MM/DD/YYYY MM/DD/YYYY

#### Statements regarding the internship:

Intern:

Supervisor:

Committee:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YYYY

**REPORT OF FACULTY**

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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