



## APPROVAL DECISION FOR CANDIDACY (FORM E)

Name: \_\_\_\_\_  
LAST NAME FIRST NAME/GIVEN NAME M.I. SUFFIX TITLE  
 \_\_\_\_\_  
LAST NAME AT BIRTH (IF DIFFERENT)

Leader Key: \_\_\_\_\_

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