

Please read these instructions before your proceed!

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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 be 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.

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THEOLOGICAL REVIEW PANEL REPORT

Name: _____ Social Security Number: _____
LAST NAME FIRST NAME/GIVEN NAME LAST 4 DIGITS

Address: _____
CITY STATE POSTAL CODE

Phone: _____ Email: _____

Synod: _____ Candidate Type: _____

PANEL MEMBERS

NAME	REPRESENTING
NAME	REPRESENTING
NAME	REPRESENTING
NAME	REPRESENTING
NAME	REPRESENTING
NAME	REPRESENTING

Date of Interview: _____ Place of Interview: _____
MM/DD/YYYY

Recommended Action to Candidacy Committee: _____

Explanation for above if other than "immediate approval".

Specific comments and recommendations by this panel regarding a plan of academic and practical preparation.

1. Academic preparation.

2. Practical preparation.

3. Mentoring.



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