



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.)*

[Empty box for statement regarding the candidate]

Recommendations for growth in ministry / First Call Theological Education:

[Empty box for 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.

[Empty box for basis for denial of approval]

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

An Approval is valid for 12 months. When an Approved candidate has not received and accepted a letter of call within one year after Approval, the candidate may request in writing a renewal of Approval prior to the meeting of the Candidacy Committee closest to the end of that 12-month period. The Candidacy Committee may request an interview with the candidate prior to deciding on a renewal of Approval, but such an interview is not required.