

ENTRANCE DECISION FOR CANDIDACY

Name:					
LAST NAME	first name/given name	M.I.	SUFFIX	TITLE	
LAST NAME AT BIRTH (IF DIFFERENT)					
Leader I	Кеу:				
Address:					
ADDRESS LINE 1		ADDRESS LINE'2 (IF NECESSARY)			
CITY STATE	POSTAL CODE				
Seminary/College:	Affiliate ELCA Sem	_ Affiliate ELCA Seminary:			
Does this candidate's educational plan include seminary	y course work?	□ No			
Has a background check been completed? \Box Yes	□ No				
On the Candidacy Committee of the	SYNOD	of	the Evangeli	cal Lutheran	
Church in America has acted to for					
Describe gifts and abilities, sense of call, potential for leade		ROSTER AND TRACK	situational rea	diness.	

Describe developmental issues and areas of growth.

When the decision is to deny entrance, clearly state the basis for the committee's decision.

Postponement:

Identify the specific criteria which informed this decision.

State the specific actions which must occur, or conditions which must be met, in order to be reconsidered.

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Identify persons who will work with	the candidate.		
Date for reconsideration of the post	ponement decision:	1 1	
	MM,	/לם/יייי	
Committee Chair:		NAME: PLEASE PRINT	DATE: MM/DD/YYYY
	SIGNATURE	INAMIE, FLEASE FRINI	DATE, MINI DD/ TTTT
Committee Member:			
	SIGNATURE	NAME: PLEASE PRINT	DATE: MM/DD/YYYY