



INTERNSHIP REGISTRATION

STUDENT INFORMATION:

Name: _____
 Address: _____
 City,St,Zip: _____
 Church Attending: _____
 Occupation: _____

Internship Level: _____
 Email Address: _____
 Phone #: _____
 Church Involvement: _____

MENTOR INFORMATION:

Name: _____
 Address: _____
 City,St, Zip: _____
 Email Address: _____
 Church Attending: _____
 Occupation: _____

Each mentor is required to have a credential one level above the level of this internship, with the exception of Ordination. Each mentor must be approved by ISOM Officials.

Mentor's level of credential: _____
 Phone # _____
 Church Involvement: _____
 Occupation: _____

Approved Disapproved

As part of the Assemblies of God educational requirements for candidates seeking ministerial credentials, your evaluation is critical in this student's ministry preparation. A credentialing body may solicit your evaluation of this student's suitability for ministry credentials. By virtue of enrollment in ISOM, the student gives permission for this information to be shared with General Council credentialing bodies. Your signature below authorizes ISOM to share your evaluation with credentialing officers of the Assemblies of God. Each mentor will determine the collateral material to be read, and the student will be required to turn in a one page summary report for each collateral reading assignment.

 Mentor's Name Printed

 Date

 Mentor's Signature

Mail completed form to:
 Iowa School of Ministry
 10525 Buena Vista Court
 Urbandale IA 50322

Grade determination:
 40% Completion of Manual
 40% Mentor Evaluation
 20% Collateral Reading

Cost of Class: \$80.00