

IOWA SCHOOL OF MINISTRY

MINISTERIAL INTERNSHIP REGISTRATION

STUDENT INFORMATION

Name: _____

Internship Level: _____

Address: _____

Email Address: _____

City, State, Zip: _____

Phone #: _____

Church Attending: _____

Church Involvement: _____

Occupation: _____

Approved Not Approved

MENTOR INFORMATION

Name: _____

Credential Level: _____

Address: _____

Email Address: _____

City, State, Zip: _____

Phone #: _____

Church Attending: _____

Church Involvement: _____

Occupation: _____

Each mentor is required to be an ordained minister. Any exceptions must be submitted to ISOM officials. Each mentor must be approved by ISOM officials.

As part of the Assemblies of God educational requirements for candidates seeking ministerial credentials, your evaluation is critical in the 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.

Mentor's name (print)

Mentor's Signature

Mentee's Senior Pastor's signature (if not mentor)

Date

Mail completed form to:
Iowa School of Ministry
10525 Buena Vista Ct.
Urbandale, IA 50322

Cost of Class: \$80

Grade Determination:
Completion of Manual 40%
Mentor Evaluation 60%