

Diaconal Ministry Practicum – Form of Intent

RETURN TO THE DIRECTOR OF FIELD EDUCATION NO LATER THAN
AUGUST 1ST.

Student Name: _____

Address: _____

Phone #: _____

E-mail Address: _____

Practicum Site: _____

Supervisor's Name: _____

Supervisor's Position / Title: _____

Supervisor's Address: _____

Supervisor's Phone #: _____

E-mail by which s/he could be contacted: _____

Is s/he an on-site supervisor? YES NO

During which semester/s will you be performing this internship?:

FALL FALL & SPRING

Year: _____