

**MINISTRY SKILLS ASSIGNMENT APPROVAL & SUPERVISION FORM**

Student's Name \_\_\_\_\_ Student ID (Chapel) No. \_\_\_\_\_

Date Completed Report Submitted (Month/Day/Year) \_\_\_\_\_

**CAMPUS STUDENTS:** Your assignment may be approved by ANY ABC FACULTY MEMBER. Attach the signed form to your typed Ministry Skills Report and submit both by the due date.

**ONLINE-ONLY STUDENTS:** Contact the Christian Service Director for approval of your assignment. Attach the signed form to your typed Ministry Skills Report and submit both by the due date.

**ALL STUDENTS:** You must be given approval FIRST before beginning this assignment. No credit will be awarded without proper approval.

**Academic Standing** (Check only one, please.):

*Freshman* \_\_\_\_\_ *Sophomore* \_\_\_\_\_ *Junior* \_\_\_\_\_ *Senior* \_\_\_\_\_

**Major Field of Study** (Write on line below: general, pastoral, education, missions, music, counseling, youth, etc.):

\_\_\_\_\_

**Nature of Ministry Skills Assignment** (Check only one, please.):

\_\_\_\_\_ 8 Hours Observation of Ministry Skills + Typed Report  
(Freshman or Life Experience Equivalent)

\_\_\_\_\_ 4 Hours Observation of Ministry Skills + 4 Hours Practicing Ministry Skills + Typed Report  
(Sophomore or Life Experience Equivalent)

\_\_\_\_\_ 8 Hours Practicing of Ministry Skills + Typed Report  
(Junior or Life Experience Equivalent)

\_\_\_\_\_ 8 Hours Practicing of Ministry Skills + Evaluation of Personal Skills Developed + Typed Report (Senior or Life Experience Equivalent)

**Brief Description of Ministry Skills Assignment**

*What skills will be observed or practiced? Who? When? Where?*

**ALL STUDENTS: Obtain the two required signatures and dates in the FOLLOWING ORDER:**

**1. Approved by (ABC Faculty Only)** \_\_\_\_\_

**2. Date Assignment was Approved** \_\_\_\_\_

**3. Supervised or Witnessed by** \_\_\_\_\_

**4. Date Assignment was Completed** \_\_\_\_\_