

# APPLICATION FOR MINISTRY INTERNSHIP/CPE

Midwestern Baptist Theological Seminary

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address or Campus Box: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Cumulative: Hours: \_\_\_\_\_ GPA: \_\_\_\_\_  
[Registrar's Office Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_]

Course for which you desire approval (check one):

- CE8463 Education Ministry Internship Hours (3): \_\_\_\_\_  
 MN5465 Ministry Internship Hours (1-3): \_\_\_\_\_  
 MN5360 Clinical Pastoral Education Hours (4-8): \_\_\_\_\_

Date Internship or CPE is to begin: \_\_\_\_\_ End: \_\_\_\_\_

Date all work/assignments will be completed: \_\_\_\_\_

Organization/City/State where Internship/CPE is to occur: \_\_\_\_\_

Name of on-site supervisor: \_\_\_\_\_

---

Signatures indicate agreement for the Student to proceed with the Internship/CPE

Student \_\_\_\_\_ Date \_\_\_\_\_

Midwestern Professor \_\_\_\_\_ Date \_\_\_\_\_

On-Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

*Submit original to the Registrar's Office and copies to student, Midwestern Professor, Academic Dean's Office*