

IOWA SCHOOL OF MINISTRY

MINISTERIAL INTERNSHIP REGISTRATION

STUDENT INFORMATION

Name: _____ Internship Level: _____

Address: _____ Email Address: _____

City, State, Zip: _____ Phone #: _____

Church Attending: _____ Church Involvement: _____

Occupation: _____

MENTOR INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone #: _____

Church Attending: _____ Church Involvement: _____

Occupation: _____

Approved Not Approved

Each mentor is required to have a credential one level above the level of the mentee, with the exception of Ordination. 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 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 (print)

Date

Mentor's Signature

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

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

Cost of Class: \$80

Grade Determination:

Completion of Manual	40%
Mentor Evaluation	40%
Collateral Reading	20%