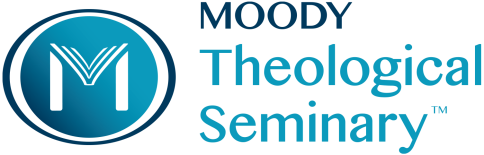
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INTERNSHIP SITE AND FIELD INSTRUCTOR APPROVAL FORM

1. Schedule a pre-registration meeting and discuss your proposed internship with the Field Education Director.
2. Complete this form in its entirety.
3. Submit to the Field Education Director
4. Registration will be through the Field Education Director

**Personal Intern Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Student ID#: | Program Emphasis: | Mailbox#: |
| Student Name: |  | | |
| Address: |  | | |
| Telephone: | | E-mail Address | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Start Date: 20 | | Fall Semester | Spring Semester | | | Summer Session |
| Credit Hours: | 3 hours |  | Semester student | | Modular/Online student | |
| Field Education Director approval : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Internship Site Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Church/Organization: | | | |
| Church/Organization Address: | | | |
| Church/Organization Telephone: | | Church/Organization Email Address: | |
| INDICATE TYPE OF INTERNSHIP BELOW: | | | |
| FE6601 Women’s Ministry | FE6605 Administration | FE6609 Youth Ministry | FE6613 Counseling |
| FE6602 Evangelism | FE6606 Cross-Cultural | FE6610 Christian  Education | FE6614 Chaplaincy |
| FE6603 Discipleship | FE6607 Athletic Ministry | FE6611 Urban | FE6615 TESOL |
| FE6604 Church Planting | FE6608 Pastoral | FE6612 Music &  Worship | FE6616 Independent |
| Internship Site Criteria:   1. Ministry site is committed to the internship program of Moody Theological Seminary 2. Has a Field instructor who has time to contribute in mentoring an intern 3. Is invested in giving the intern a growth-centered ministry experience that is safe and beneficial 4. Understands and supports MTS standards and theology | | | |

**Field Instructor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Title in Church/Organization: | |
| Home Address: | | | |
| Home Telephone: | Mobile: | | Personal E-mail Address |

**Educational Background:** See Field Education Manual for qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| College/Seminary | Major | Years | Degree |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Ministry Experience**

|  |  |  |
| --- | --- | --- |
| Employer | Position/Title | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

Are you related to the student? YES  NO  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served MTS in the role of Field Instructor before? YES  NO

If yes, what is the name of your most recent Intern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year/semester did the previous internship take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total years in ministry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total years in current ministry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry experience not described above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This request must be received by Moody Theological Seminary and approved by the Field Education Director prior to enrollment.

The signatures below indicate

* I have completely read the syllabus and Manual.
* I understand and agree to the course requirements.
* As an Intern, I believe that this will be a beneficial internship and a safe learning environment for my professional progress, spiritual growth and biblical education.
* As the Field Instructor, I believe that this will be a benefit to our ministry and I am committed to the welfare of my Intern.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Instructor: |  | | Date: |  |
|  |  |
| Intern: |  | | Date: |  |

Approved by:

Field Education Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_