

Ministry Supervisor Application
Internship II | Student Teaching
CEED 461-01 or TTCE 591-01
Spring 2009

Biola University
Department of Christian Education

Student Name _____

Name of Church/Para-Church Org. _____

Ministry Site Address _____

City & Zip Code _____ Phone _____

Supervisor Name _____

Supervisor Title _____

Years In This Position _____ Years in Ministry _____

Supervisor's Academic Preparation*:

Undergraduate _____ Degree _____

Post Grad _____ Degree _____

Other _____ Degree _____

Please list Supervisor's ministry experience*: _____

I agree to grant an internship to the student listed above for a period of not less than fourteen weeks. As the supervisor of this internship, I agree to meet with the student on a weekly basis to discuss his/her ministry performance. I understand that the student is to work a minimum of ten hours per week and that our church/para-church organization will provide him/her with appropriate supervision and support. I also understand that this is a teaching internship and agree to provide a minimum of six teaching experiences and three leading experiences throughout the course of his/her internship.

Supervisor's Signature _____ Date _____

As a requirement of this course, the student must attach a copy of his/her internship job description to this application. The internship will not be recognized until this application is signed and a job description is submitted to the faculty instructor. Students not holding an internship by the third week of the term will be dropped from the course.

* A supervisor's résumé may be attached in lieu of these sections.