

**C3-303 Ministry Assessment Project
Agreement to Supervised Ministry Plan**

We agree that _____ will complete the attached ministry plan as written, or

Name of student

with the following changes (see below). The student will intern and/or serve in their supervised ministry

according to the plan at _____. The ministry assignment will conclude

Name of church or ministry

on _____.

Date

Changes to Supervised Ministry Plan (if needed):

Student (Name)

Date

Pastoral Supervisor (Name)

Date

Academic Advisor (Name)

Date