

Intent to Pursue Supervised Ministry Experience
Cincinnati Bible Seminary

Student's name _____ ID # _____

Address _____ Campus Box # _____

City, ST, Zip _____

Academic Year _____

Term (Fall/etc.) _____

Degree sought _____

Graduate Hours completed _____

Phone (Office) (_____-_____-_____) _____

Phone (Home) (_____-_____-_____) _____

Phone (Wireless) (_____-_____-_____) _____

e-mail _____

FOR OFFICE USE ONLY:

Date received _____

Signed _____

Director of Service Learning

1.27.07