

Student's Supervised Ministry Experience Enrollment Form
Cincinnati Bible Seminary

Student's name _____

Address _____

City, ST, Zip _____

Church/Organiz _____

Ch/Organiz Addr _____

Ch/Org City, ST, Zip _____

ID # _____

Campus Box # _____

Academic Year _____

Term (Fall/etc.) _____

Degree sought _____

Phone (Office) (____-____-____)

Phone (Home) (____-____-____)

Phone (Wireless) (____-____-____)

e-mail _____

This student has permission to enroll for his/her Supervised Ministry Experience:

Signature Student's Academic Advisor

SME Mentor _____

Mentor's Church/Organization _____

Address _____

City, State, Zip _____

Phone (____-____-____) e-mail _____

Mentor's Signature _____ ***Date*** _____

Director of Service Learning's Signature _____ ***Date*** _____

Office use only: Date received: _____

Accepted for SME _____ Date _____
Director of Service Learning, CCU