

**PROJECT APPROVAL FORM
NOBTS - SUPERVISED MINISTRY II PATH6230**

Name of Field Supervisor

Name of Student

Name of Ministry

Address

Address

City

City, State, and Zip

Phone (include Area Code)

Phone (include Area Code)

Student's Ministry Position

I have established a learning agreement with the above-named student in the Supervised Ministry II program of New Orleans Baptist Theological Seminary for a minimum of 12 weeks of supervised experience.

I. It is my understanding that my responsibilities include:

1. Supervise the involvement of the student in the various aspects of this ministry.
2. Meet with the student each week to discuss his experience in this ministry.
3. Help the student discover his/her strengths as well as lesser strengths.
4. Make a final evaluation report to the Supervised Ministry office.

II. The student's responsibilities will include:

- 1.
- 2.
- 3.
4. Others.... (use back if necessary)

Field Supervisor

Date

Please retain a copy of this form for your personal file.