

PROJECT APPROVAL FORM
NOBTS – SUPERVISED MINISTRY 2 PATH6230 OR EVAN6230

Name of Field Supervisor

Name of Student

Name of Ministry

Student's Ministry Position

Address

Address

City, State, Zip

City, State, Zip

Phone (Include Area Code)

Phone (Include Area Code)

Field Supervisor Email

Student's Email

I have established a learning agreement with the above-named student in the Supervised Ministry 2 program of New Orleans Baptist Theological Seminary for a minimum of 10 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/her 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.
 5. View the training resources provided for supervisors by the Supervised Ministry Office of NOBTS.
- 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.