

**Minnesota Graduate School of Theology
Associate School Programs**

INTERNSHIP ASSESSMENT AGREEMENT

Student Information

<hr/> Student Name	<hr/> E-Mail Address	<hr/> () - Home Phone Number
<hr/> Street Address		<hr/> () - Cell Number
<hr/> City	<hr/> State Zip Code	<hr/> Advisor Name
<hr/> Degree Program		<hr/> Today's Date

Internship Organization Information

<hr/> Internship Organization Name	<hr/> E-Mail Address	<hr/> Supervisor Name
<hr/> Street Address		<hr/> () - Phone Number
<hr/> City	<hr/> State Zip Code	<hr/> Date's of Internship (from → to)

1. State the specific role(s) that the seminarian intern will play in your church or para-church agency. _____

2. What specific responsibilities will the seminarian have? Attach a job description if one exists. _____

3. What are the qualifications of the pastoral care supervisor relating to the ministerial competence area. _____

4. Will remuneration be given for this internship? Yes No

5. Credit value given for internship? _____ credits