

SPECIAL MINISTRY PROPOSAL

Please return to the Student Ministries Department

Name _____ MSC# _____ Date Received _____

Please share with us how this ministry meets the Student Ministry Manual guidelines:

- **Who will you be ministering to and/or with?**

- **What will your ministry responsibilities be (*ie. job description*)?**

- **How much hourly, weekly and semester time will you spend in this ministry?**

- **Who will be your mentor, and what is his/her relationship to the ministry?**

- **Other comments or helpful information for our evaluation of your proposal (*i.e. benefits of the ministry, exceptions to be made, relationship to future ministry/vocation, etc*).**

_____ **Approved**

_____ **Please See Us**

_____ **Not Approved**

** We will try to notify you within a week if your proposal is accepted. If so, then you can submit your registration form.*