



Life Christian University

MINISTRY PRACTICUM ACTIVITY LOG

DATE: _____

EXTENSION CAMPUS CODE: _____ - _____

IMPORTANT: PLEASE PRINT OR TYPE, except for boxes marked "signature." This form is required of all Audit, Undergraduate, and Master's students. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 72 hours per year (176 hours for Master's students) in the ministry of the church he/she attends. Work must be performed during the current academic year. It is the student's responsibility to ensure that this form is completed and submitted to the Campus Director no later than eight (8) weeks before graduation. Fill out one line of Section #3 per job performed. Use multiple sheets, if necessary. Please keep a photocopy of the completed form for your records.

1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
LCU LEVEL:	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> ASSOC.	<input type="checkbox"/> ADV.DIP.	<input type="checkbox"/> BACH.	<input type="checkbox"/> MASTER'S	STUDENT SIGNATURE
AUDIT LEVEL:	<input type="checkbox"/> YEAR 1	<input type="checkbox"/> YEAR 2	<input type="checkbox"/> YEAR 3	<input type="checkbox"/> YEAR 4	<input type="checkbox"/> YEAR 5	

2. CHURCH INFORMATION

CHURCH		
ADDRESS	CITY	STATE / PROVINCE
	POSTAL CODE	COUNTRY
SENIOR PASTOR NAME	OFFICE AREA CODE & PHONE NUMBER	OFFICE AREA CODE & FAX NUMBER

3. SERVICE RECORDS

TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TYPE OF MINISTRY	START DATE	SUPERVISOR SIGNATURE*	
	STOP DATE	HOURS WORKED	SUPERVISOR NAME
TOTAL HOURS WORKED		DIRECTOR'S SIGNATURE	

* SUPERVISOR: YOUR SIGNATURE ATTESTS THAT THE STUDENT PERFORMED HIS/HER ASSIGNED TASKS IN A FAITHFUL & SATISFACTORY MANNER