



Internship Report Form
Internship 1/ 2/ 3
(Please circle one)

Student Name: _____ **Program:** _____

Contact Tel: _____ **Email:** _____

Church/Organization Name: _____

Area of Practical Training: _____

Internship Duration: _____

Supervisor Name/Title: _____

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Ministry Focus Areas This Quarter

1. _____
2. _____
3. _____
4. _____
5. _____

Ministry Report

1. Please identify two most representative ministry contribution

2. Most significant breakthroughs (ministry scope and influence, methodology, attitude, effectiveness)

3. Areas of Ministry Improvement

4. Ministry Improvement Plan
