COVENANT UNIVERSITY

MINISTRY PRACTICUM ACTIVITY LOG

Satellite Teaching Campus : _____

IMPORTANT: Please PRINT or TYPE, except for boxes marked "signature". This form is required of all undergraduate and master's student's taking courses for college credit. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 72 hours per year in the ministry of the church he/she attends. It is the student's responsibility to ensure that this form is completed and submitted to the Campus Director no later than one (1) month before that year's graduation. Fill out one (1) 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

TITLE: ❍ MR ❍ MS ❍ MRS ❍ MISS ❍ DR ❍ REV	LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	❍ SR. ❍ JR. ❍ Other _____

ICBT STUDENT ID #:	DATE:	LEVEL: ❍ UNDERGRADUATE ❍ GRADUATE	STUDENT SIGNATURE:

2. CHURCH INFORMATION

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

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:

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