

MINISTRY PRACTICUM SPONSOR - RECOMMENDATION

TELEO UNIVERSITY

APPLICANT'S INFORMATION *(To be completed by the applicant)*

Name: _____
First/Given Last/Family/Surname Former/Maiden Name

Email: _____ Phone: _____

T-Net Training Center date started _____ Projected program completion date (3 ½ years) _____

Applicant's Signature: _____ Date: _____
Month / Day / Year

Special Note: Public law gives you the right to review this reference form after you enroll at Teleo University. You may retain this right under the law, or you may choose to waive this right so that the answers given your reference may remain confidential. Your signature indicates that you grant confidentiality and waive the right to review this form.

MINISTRY PRACTICUM SPONSOR RESPONSES *(To be completed by the local church leader)*

- My relationship with the applicant is:
 Elder/Church Board Member Senior Pastor Denominational Supervisor Associate Pastor
 other local church leader (describe) _____
- Is the applicant authorized to implement course assignments in your local church? Yes No
- I have known the applicant:
 less than 1 year 1-2 years 3-5 years more than 5 years
- The applicant's marital status is:
 single married divorced separated widowed
- Is the applicant living a consistent Christian life? Yes No
- How would you describe the applicant's role in your church ministry?
 Senior/Lead Pastor Assistant Pastor Elder/Church Leader Other: _____
- How would you rate the applicant's commitment to disciple making and finishing the Great Commission?
 extremely high above average low or inconsistent I do not know

As a "fully online" educational institution Teleo University is required by accreditors to coordinate with local churches to facilitate field ministry education. Local ministry practicum sponsors work with the institution to support students in implementing ministry assignments required by their degree programs. As a Ministry Practicum Sponsor, by completing this Recommendation, you are affirming the following: 1) the student has authorization from the local church to implement field ministry assignments throughout the program; 2) you agree to encourage and support this student to implement the required field ministry assignments as outline in the Teleo University curriculum.

LOCAL CHURCH AND MINISTRY PRACTICUM SPONSOR CONTACT INFORMATION

Name: _____
First/Given Last/Family/Surname Former/Maiden Name

Email: _____ Phone: _____

Name of Church where student serves: _____

Church Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Ministry Reference Signature: _____ Date: _____
Month / Day / Year