

***Iowa School of Ministry  
Ministerial Internship Registration***

**Student Information:**

Name: \_\_\_\_\_

Internship Level: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Church Involvement: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mentor Information:**

Name: \_\_\_\_\_

Each mentor is required to have a credential one level above the level of this internship, with the exception of Ordination. Each mentor must be approved by ISOM Officials.

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

\_\_\_\_\_  
Mentor's level of credential

Email Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Church Attending: \_\_\_\_\_

Church Involvement: \_\_\_\_\_

Occupation: \_\_\_\_\_

Approved     Disapproved

As part of the Assemblies of God educational requirements for candidates seeking ministerial credentials, your evaluation is critical in this student's ministry preparation. A credentialing body may solicit your evaluation of this student's suitability for ministry credentials. By virtue of enrollment in ISOM, the student gives permission for this information to be shared with General Council credentialing bodies. Your signature below authorizes ISOM to share your evaluation with credentialing officers of the Assemblies of God. **Each mentor will determine the collateral material to be read, and the student will be required to turn in a one page summary report for each collateral reading assignment.**

\_\_\_\_\_  
Mentor's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
*Student's Senior Pastor's signature, if the Pastor is not the Mentor.*

**Cost of Class: \$80.00**

**Mail completed form to:**  
Iowa School of Ministry  
10525 Buena Vista Court  
Urbandale IA 50322

**Grade determination:**  
40% Completion of Manual  
40% Mentor Evaluation  
20% Collateral Reading