

APPLICATION FOR CANDIDACY REVIEW

Name _____

Ministry Context _____
(Church/hospital/prison/ etc.) Address City State

Faculty Mentor(s) _____

This Application Package contains: Abstract () Project Proposal ()
Professional Associate Forms ()

Working title for project: _____

I have examined this material and find it complete and acceptable. Therefore, I approve this student's Application for Candidacy.

Mentor(s) Signature _____

Faculty Advisor's Signature _____

Community of Inquiry

Professional Associates: (List each Professional Associate and the purpose for consulting them.)

Context Associates: (List the Name of each of your Context Associates)