



# Life Christian University

## MINISTRY PRACTICUM ACTIVITY LOG

### IMPORTANT:

- Please PRINT, TYPE, or fill out the form electronically on your computer (except for blocks marked "signature").
- This form is required of all undergraduate, and graduate students. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 72 hours per year (176 hours for Master's students) in the ministry of the church he/she attends
- Work must be performed during the student's current program of study
- It is the student's responsibility to ensure that this form is completed and submitted to his/her student advisor no later than eight (8) weeks before graduation
- Fill out one 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

STUDENT ID#	<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	MI	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	STUDY LEVEL	<input type="checkbox"/> FRESHMAN <input type="checkbox"/> SENIOR <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> MASTERS <input type="checkbox"/> JUNIOR.
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### 2. STUDENT SIGNATURE

By my signature, I certify that the statements made herein are true, accurate, and verifiable.	SIGNATURE
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### 3. CHURCH INFORMATION

CHURCH NAME		
ADDRESS	CITY	STATE OR PROVINCE
	POSTAL CODE	COUNTRY
SENIOR PASTOR NAME	OFFICE PHONE NUMBER (WITH AREA & COUNTRY CODES)	OFFICE FAX NUMBER (WITH AREA & COUNTRY CODES)

### 4. SERVICE RECORDS

MINISTRY TYPE	START DATE (M/D/YYYY)	SUPERVISOR SIGNATURE*	
	STOP DATE (M/D/YYYY)	HOURS WORKED	SUPERVISOR NAME
MINISTRY TYPE	START DATE (M/D/YYYY)	SUPERVISOR SIGNATURE*	
	STOP DATE (M/D/YYYY)	HOURS WORKED	SUPERVISOR NAME
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	STOP DATE (M/D/YYYY)	HOURS WORKED	SUPERVISOR NAME
MINISTRY TYPE	START DATE (M/D/YYYY)	SUPERVISOR SIGNATURE*	
	STOP DATE (M/D/YYYY)	HOURS WORKED	SUPERVISOR NAME
TOTAL HOURS WORKED		STUDENT SIGNATURE	DATE (M/D/YYYY)

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

