



Internship Waiver Application

Minnesota School of Ministry

\$60 fee paid _____

Date _____

Initials _____

MnSOM Records _____

This completed Waiver Application, completed Waiver Checklist, and \$60 waiver fee should be mailed to: MnSOM Director, Minnesota District Council, 1315 Portland Avenue S. Minneapolis, MN 55404.

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____ Present Credential Status: ___ none ___ CM ___ LIC ___ ORD

Requesting an internship waiver for ___ CM ___ LIC ___ ORD

Present Ministry:

Time involved: _____

Is this a full time or part time position? _____

Do you work under the oversight of a credentialed minister? _____

Name: _____ Phone: _____ E-mail: _____

Please realize that the internship requirements are determined by the General Council. The Minnesota District is bound to meet the qualifications and standards set by them. Also that all credentials are granted through the General Council and that the District is a recommending body to them.

Please state why you feel your present ministry would qualify you for this waiver:

FOR MINNESOTA DISTRICT OFFICE USE ONLY

I have reviewed this application and deem that it merits a waiver for the applicant.

Date: _____

Secretary: MNDCAG