



# 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:

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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:

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### FOR MINNESOTA DISTRICT OFFICE USE ONLY

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

Date: \_\_\_\_\_

Secretary: MNDCAG