



**Community of Christ Seminary**  
Graceland University  
1401 W. Truman Road  
Independence MO 64050  
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## **SPECIALIZED MINISTRY PRACTICUM PROPOSAL**

### **STUDENT INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (O) \_\_\_\_\_  
(Last) (First)

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

This practicum will be focused in the \_\_\_\_\_ specialized ministry area.

### **Practicum Details**

Describe the ministry context within which you will serve (location and type of ministry):

Describe your plan for participating in a minimum of 180 contact hours of ministry related to this practicum (beginning and ending dates, time per week, what you will be doing). Attach an additional page if necessary:

My practicum supervisor will be: \_\_\_\_\_

I have provided them with the supervisor's information packet: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

### **Sign-offs**

Field Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Specialized Ministry Track Adviser \_\_\_\_\_ Date \_\_\_\_\_

Director of Contextual Education \_\_\_\_\_ Date \_\_\_\_\_