

Beeson Divinity School Supervised Ministry Practicum Registration

Please print:

Full Name: _____

Student ID Number: _____

SMP Placement Site: _____

Term: _____

Anticipated Graduation Date: _____

Denominational Preference: _____

I am completing the Missions Certificate: _____

Student Signature: _____

Date: _____

To be completed by the SMP Office:

_____ DVML701.01

_____ DVML701.02

_____ DVML701.03

_____ DVML701.04

_____ DVML701.05

SMP Staff Signature: _____

Date: _____