



**RELIGION 4350 INTERNSHIP APPLICATION**

**Instructor: Jeremy Greer, Ph.D**

ETBU • One Tiger Drive • Marshall, TX 75670

Applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

**Student Profile – You must complete all fields on this form.**

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone or other \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

Campus E-mail (required): \_\_\_\_\_ @etbu.edu

Degree Program: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

Concentration: \_\_\_\_\_ Do you receive Ministry Scholarship? Yes \_\_\_ No \_\_\_

**Church or Organization Information**

Supervisor's Name & Title \_\_\_\_\_ Position: \_\_\_\_\_

Supervising Church or Organization: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Other Phone/Fax(\_\_\_\_) \_\_\_\_\_

Field Supervisor's E-mail: \_\_\_\_\_

Describe briefly the Church/Organization/or Ministry (include type, size & denomination if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only: (all signatures are required)**

Academic Advisor: \_\_\_\_\_

Professor : \_\_\_\_\_

Signature of Dean of School of Christian Studies: \_\_\_\_\_

Application is Approved: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Semester of Internship \_\_\_\_\_

Date student registered for the course \_\_\_\_\_