

**EVALUATION
Signature Page**

**University of Dubuque Theological Seminary
Field Education Office**

Student

Setting

Supervisor

Term of Ministry: Beginning Date _____ Ending Date

THE ATTACHED EVALUATIONS HAVE BEEN REVIEWED AND DISCUSSED
BY THE STUDENT AND SUPERVISOR.

Student Comments:

Student Signature

Date

Supervisor Comments:

Supervisor Signature

Date

Return this evaluation in its entirety to:

University of Dubuque Theological Seminary
Field Education Office
2000 University Avenue
Dubuque, IA 52001