

Class Leader: _____

STUDENT INFORMATION FORM

Name _____

SPM ____ 1st

Address _____

____ 2nd

____ 3rd

____ 4th

Telephone _____

(on campus)

(off campus)

EMAIL: _____ (please type or print clearly)

Current SPM Setting:

Church/Institution Name: _____

Address: _____

Supervisor's Name: _____

Emphases of Previous SPM's:

	Ministry Skill	Relational Skill	Spiritual Discipline	Personal Goal
1st Term				
2nd Term				
3rd Term				

Comments about Special Interests: