Supervised Ministry 2 PATH6230 or EVAN6230 Weekly Report Form (1-6) Student Name_____

Supervisor Name _____

W E K	Type of Ministry	Hours Involved	Description of Ministry Activity	Comments
1				
2				
3				
4				
5				
6				

Supervised Ministry 2 PATH6230 or EVAN6230 Weekly Report Form (7-12) Student Name_____

Supervisor Name _____

W E E K	Type of Ministry	Hours Involved	Description of Ministry Activity	Comments
7				
8				
9				
10				
11				
12				