

List areas of the ministry in which you feel most effective: _____

List the Certificate In Ministerial Studies (CIMS) courses you have completed:

_____	_____
_____	_____
_____	_____
_____	_____

Spouse: Describe how you feel about your calling and role in the ministry: _____

In what ways are you or do you expect to be involved with your spouse in the ministry? _____

Official MIP Enrollment Section III

Please PRINT clearly or TYPE your name and your spouse's name (if applicable) as you would like them to appear on your Graduation Certificate, and Graduation Roll Call to be listed in the Commissioning Program.

Candidate Graduation Certificate Name _____
First Middle Last (Jr. Sr.)

Spouse Graduation Certificate Name _____
First Middle Last (Jr. Sr.)

Candidate Graduation Roll Call Name _____
First Middle Last (Jr. Sr.)

Spouse Graduation Roll Call Name _____
First Middle Last (Jr. Sr.)

Candidate Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

FOR STATE OFFICE USE ONLY

Date received by administrative bishop	_____
Date reply sent	_____
Date approved/disapproved	_____
Signature of administrative bishop	_____