

# GSOM Internship Information Request Form

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Current GSOM Level: \_\_\_\_\_ Number of Courses Completed: \_\_\_\_\_

Applying for Internship Level # \_\_\_\_\_ I have completed Internship level(s) # \_\_\_\_\_

Home Church: \_\_\_\_\_

City: \_\_\_\_\_ Section: \_\_\_\_\_

Pastor/Mentor Requested: \_\_\_\_\_

Pastor/Mentor Address: \_\_\_\_\_

Pastor/Mentor Phone: \_\_\_\_\_

Pastor/Mentor Church: \_\_\_\_\_

Approved: \_\_\_\_\_  
(GSOM Director)

**Note: Be sure you have checked with your requested Pastor/Mentor before you give this form to the GSOM leadership.**