

**LSTC MINISTRY IN CONTEXT PROGRAM
PASTOR-SUPERVISOR/CONGREGATION PREFERENCE FORM**

CONGREGATION:

NAME OF SUPERVISOR:

ADDRESS:

DATE:

1. Among the students we have talked to, we would be pleased to have the following students assigned to us:

2. Among the students we have talked to, we prefer that the following students **not** be assigned to us. (Please give a brief reason for persons on this list which can be shared with the students):

3. We can accept a total of _____ students at this time.

Please send us your student preferences by March 23rd (by email or snail mail) and you will be notified of assignments on April 6th by email.

Marji Shannon
Lutheran School of Theology at Chicago
1100 East 55th Street
Chicago, IL 60615
Office Phone: (773) 256-0746 / Fax: (773) 256-0782
mshannon@lstc.edu