



WESLEY
THEOLOGICAL SEMINARY

Practice in Ministry and Mission

Student Request for Internship Evaluations

Instructions:

1. In keeping with the Family Education Rights and Privacy Act of 1974, student record information is issued upon written request or authorization of the student.
2. Complete one form per request.
3. Return completed form to Practice in Ministry and Missions Office.

Last name:

First name:

M.I.:

Email:

Phone:

Wesley ID:

Degree program:

Year began PMM:

I am requesting copies of PM&M evaluations from the following years:

Select one option.

Pick up copies from PM&M office.

Send copies to address(es) at right

Due by:

In checking this box and signing here, I attest to my identity as the student named on this form and therefore authorized to make this request.

Signature:

Date:

For office use only

Date:

Request completed by:

Notes: