

# REPORT OF COMPLETION REQUIREMENTS

(Send completed form to your secretary of program resources or equivalent according to your conference's schedules.)

NAME:

PLAN CHOSEN:

I    II    III    IV

CURRENT YEAR:

Education for Mission

Leadership Development

Nurturing for Community

Social Action

Spiritual Growth

## MISSION EMPHASES

I have completed the required reading for PLAN I . The books I have read are listed on this form.

LOCAL UNIT

DISTRICT

CONFERENCE

PRINT NAME

ADDRESS

CITY, STATE, ZIP

I have also read **response** regularly.

response *Check off the issues you have read!*

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