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:

MISSION EMPHASES

Education for Mission

Leadership Development

Nurturing for Community

Social Action

Spiritual Growth

I have completed the required rea
for PLAN I . The books I hav
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 r*