



THE THEOLOGICAL INSTITUTE
FOR THE NORTH EAST REGION

Theological Institute
Master of Arts in Ministry Program

2015-2016

Spiritual Director Contact Information

MAM Student Name: _____

Spiritual Director Name: _____

Spiritual Director Address: _____

Spiritual Director Telephone: _____

Spiritual Director Email: _____

How many years/months have you been meeting with this Spiritual Director? _____

Date submitted to MAM: _____