

# Philadelphia District Church of the Nazarene Ministerial Training Center

## Instructor's Reporting Form

Date: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

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| <u>Student Name</u> | <u>Grade or Pass/Fail</u> |
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Within one week of the completion of the course, please send a copy of the completed form to  
Melanie Cook, Philadelphia District Office, 631A, Swedesford Road, Frazer, PA 19355  
Or email to: [treasurer@philanaz.org](mailto:treasurer@philanaz.org).