



ERSKINE
THEOLOGICAL SEMINARY

For Christ and His Church

INDICATE THE TERM AND YEAR:

____ Fall ____ Year
____ Winter ____ Year
____ Spring ____ Year
____ Summer ____ Year

Rev 08/10

SUPERVISED FIELD MINISTRY PLACEMENT FORM

Bring this completed form to the first scheduled class of *Supervised Ministry/Field Experience, PM 705.*

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____) _____

Denomination _____ Degree Program _____

Ministry Title _____

Planned length of service in placement: _____ Weekly hours: _____ Placement is paid: ____ voluntary ____

Field Supervisor's Information:

Name _____

Title _____

Church/Institution _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____) _____

Is the field supervisor a seminary graduate with at least five years of ministry experience? _____

Student's Signature _____ Date _____

Field Supervisor's Signature _____ Date _____

Please return the original *Supervised Field Ministry Placement Form* to Dr. H. Neely Gaston, while retaining a copy for your records.

Professor's Signature _____ Date _____

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Christian Commitment and Excellence in Learning