



**OFFICIAL SUPERVISED FIELD
MINISTRY PLACEMENT FORM**

_____ Term

This form should be completed one month prior to the first scheduled class of *Supervised Ministry/Field Experience*.

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

Erskine E-mail _____ Telephone (_____) _____

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 your Supervised Ministry professor while retaining a copy for your records.

Professor's Signature _____ Date _____