

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

## PREVIOUS MINISTRY WORK PETITION FORM

Office of Field Education, Louisville Presbyterian Theological Seminary

This form is to be completed only if your experience meets the guidelines of the Policy on Credit Awarded for Previous Ministry Experience.

Name \_\_\_\_\_ Degree \_\_\_\_\_ LPTS Box # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Projected Date of Graduation (month and year) \_\_\_\_\_

Previous Work:

Church/Project \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Church/Project Website \_\_\_\_\_

Your Position \_\_\_\_\_ Average hours per week \_\_\_\_\_

Time Frame (include month and year) \_\_\_\_\_ to \_\_\_\_\_

On a separate sheet of paper, please give us a brief description of your ministry and responsibilities.

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

I affirm that all the information provided in this Petition Form is true and accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I affirm that the above information is true and the student making this application did satisfactory work on a full-time basis in the ministry/project named above.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

***THE COMPLETED FORM WITH REQUIRED SIGNATURES SHOULD BE SUBMITTED TO THE DIRECTOR OF FIELD EDUCATION, SCHLEGEL 103, NO LATER THAN OCTOBER 1 OF THE STUDENT'S SENIOR YEAR.***

July 1, 2009