



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

## PREVIOUS MINISTRY EXPERIENCE PETITION FORM

Office of Field Education, Louisville Presbyterian Theological Seminary

This form is to be completed only if your previous experiences meet the guidelines of the Policy on Credit Awarded for Previous Ministry Experience. Consult the Director of Field Education for additional information.

Name \_\_\_\_\_ LPTS Box # \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Projected Date of Graduation (month/year) \_\_\_\_\_ Degree \_\_\_\_\_

### **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 submit a brief description of your ministry and responsibilities.***

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 OCT. 1 OF THE STUDENT'S SENIOR YEAR.** Revised, September 10, 2025