



LOUISVILLE SEMINARY

FIELD EDUCATION REGISTRATION FORM

Student Name				Academic Year	
Name of Placement Site				Term	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Name of Supervisor					
Course #	Course Title	FE Hrs/Sem	Working Hours/Week	Academic Credits	
<input type="checkbox"/> FE 1101	Worshipping Community 1	100	7-10 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1102	Worshipping Community 2	200	12-15 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1103	Worshipping Community 3	300	20-25 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1104	Worshipping Community 4	400	27-30 for 12-15 weeks or 35-40 for 10 weeks	N/A	
<input type="checkbox"/> FE 1201	Agency 1	100	7-10 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1202	Agency 2	200	12-15 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1203	Agency 3	300	20-25 for 12-15 weeks	N/A	
<input type="checkbox"/> FE 1204	Agency 4	400	27-30 for 12-15 weeks or 35-40 for 10 weeks	N/A	
<input type="checkbox"/> FE 1302	CPE – ½ Unit	200	20-25 for 10 weeks	N/A	
<input type="checkbox"/> FE 1304	CPE – Basic Unit	400	27-30 for 12-15 weeks or 35-40 for 10 weeks	3 Credits	
<input type="checkbox"/> FE 2302	CPE – Second Unit	400	27-30 for 12-15 weeks or 35-40 for 10 weeks	3 Credits	
<input type="checkbox"/> FE 3304	CPE – Extended Unit	400	35-40	3 Credits	
NOTE: PERMISSION IS GRANTED TO RELEASE EVALUATIONS AND TRANSCRIPTS TO THE FOLLOWING C.P.M. CHAIRPERSON, OR OTHER PERSON DESIGNATED AS THE DENOMINATIONAL REPRESENTATIVE, OVERSEEING MY SEMINARY EXPERIENCE.			NAME:		
			STREET ADDRESS:		
			CITY, STATE, ZIP:		
STUDENT SIGNATURE				DATE:	
FIELD ED OFFICE SIGNATURE				DATE:	

STUDENTS MUST REGISTER FOR FIELD EDUCATION EACH SEMESTER THEY ENGAGE IN A PLACEMENT. REGISTRATION FORMS MUST BE SUBMITTED TO THE FIELD EDUCATION OFFICE BY END OF DAY ON THE WEDNESDAY OF THE SECOND WEEK OF THE SEMESTER IN WHICH THE PLACEMENT IS BEING UNDERTAKEN.