

2017-2018 Field Education Registration Form

Year you entered MTSO: _____

Date placement began: _____

Your degree program: _____

Expected graduation year: _____

BASIC STUDENT INFORMATION (Please type or print)

Last name: _____

First name: _____

Primary phone number: _____

Cell phone number: _____

E-mail address: _____

Home address: _____

City State Zipcode

PLACEMENT INFORMATION

Ministry setting or organization name: _____

Address: _____

City State Zipcode

Phone: _____ Website: _____

E-mail address: _____

Supervisor: _____ Title: _____ Phone: _____

Supervisor mailing address: _____

City State Zipcode

Supervisor e-mail address: _____

Lay/feedback comm. chair: _____ Phone: _____

L/FCC address: _____

City State Zipcode

L/FCC e-mail address: _____

Your placement position title: _____

Responsibilities: _____

Previous experience: _____

Average weekly work time (days and hours you have agreed upon): _____

Weekly supervisor meeting (time & Place): _____

Contract period: Beginning: _____ Ending: _____

Cash salary: \$ _____

Travel allowance: \$ _____

Other expenses: \$ _____

Housing or other benefits: \$ _____

TOTAL: \$ _____

I am willing to have my name and Field Education site indicated on a map on the Field Education bulletin board in the Academic Affairs hallway at MTSO

I am not

Please save document and post to Populi under Assignments