

## GENERAL PETITION FORM

### STUDENT INFORMATION

Full Name

Student ID

Degree Program

Local Street Address

Telephone

GCTS Box #

E-mail

Please describe your proposed ministry situation and briefly outline what your responsibilities will be. Please also describe any special circumstances that would necessitate a change from the normal Mentored Ministry process (such as the time-frame or the nature of the ministry):

### THIS PETITION IS REGARDING...

- Off-schedule unit  
(Your 12 weeks do not align with the school semester)

Proposed Start Date

Proposed End Date

- Non-traditional or unique ministry

Name of Ministry

- Additional units at a non-church setting  
(2 out of 4 field units must be done at a local church setting except by petition.)

Name of Ministry

- Request for a third unit in a semester

- Other (Please explain:

### OFFICE USE

Petition Accepted

Petition Denied

Director of Mentored Ministry

Date