

Gordon-Conwell Theological Seminary

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Mentored Ministry

GENERAL PETITION FORM

Name _____ Degree _____ ID # _____ Box _____

Address _____ Telephone _____

City _____ State _____ ZIP _____ E-mail: _____

Please describe your potential Mentored Ministry experience and the special circumstances that would necessitate a change from the normal Mentored Ministry process (e.g. time frame or nature of the ministry). Include: start and end dates, hours per week, responsibilities, etc.

Student _____ Date _____

OFFICE USE: Petition accepted _____ Petition denied _____ (please see back for details)

Director of Mentored Ministry _____ Date _____

Please note any additional work or changes in due dates: