

GENERAL PETITION FORM

STUDENT INFORMATION

Full Name _____

Student ID _____

Degree Program _____

Local Street Address _____

Telephone _____

GCTS Box # _____

E-mail _____

Please briefly outline your proposed ministry situation. Also describe any special circumstances necessitating this request.

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: _____)

Your plan for your 4 (or 5) field units (where and what):

1. _____
2. _____
3. _____
4. _____
5. _____

OFFICE USE

Petition Accepted

Petition Denied

Director of Mentored Ministry _____

Date _____