



Field Education Proposal Form

Term: _____

Student Name: _____

Email: _____

Phone: _____

Type of Field Education Credit (check one):

Congregational Field
Work Community
Field Work

Congregational Internship (non-MFC)
Community Internship

Context and Components

Name of Work Site: _____

Location (City, State): _____

Mentor Supervisor Name: _____ (Please attach bio/CV if requested)

Position/Title: _____

Expected Dates: Start _____

End _____

Expected Hours: _____ Avg. /Week (10 weeks or more) **or** _____ Total (>10 weeks)

Summary of Anticipated Duties:

Tentative Learning Goals: (Specific objectives for personal and vocational development; see Contextual Education Handbook)

Submit to:

Rev. Christopher Schelin (Community) or Rev. Tera Landers (Congregational)