



## Field Education Proposal Form

**ACTION ITEMS:**

1. Complete form.
2. Submit to Dr. Christopher Schelin (Community Field Work) or Dr. Tera Landers (Congregational Field Work)

Term/Year: \_\_\_\_\_

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)