CONTEXTUAL STUDIES REGISTRATION FORM

CS253 - Ministry Practicum
United Theological Seminary of the Twin Cities
Three semester hours
(Deadline: End of first week of term)

Name ____________________________________________________________

Last First Middle

Student ID# ____________________________ Academic Year ________________

Term Contextual Study Begins:
( ) Fall ( ) Winter ( ) Spring ( ) Summer

Provide the following information:

Name of Setting: ___________________________ Phone: __________________

Address:
Street Address    City    State    Zip Code

Field Instructor: ___________________________ Phone: __________________

Address:
Street Address    City    State    Zip Code

Beginning Date: ___________________________ Ending Date: __________________

Signature of Student ___________________________ Date __________________

Signature of UTS Contextual Studies Instructor ___________________________

RETURN THIS FORM TO THE REGISTRAR’S OFFICE