



Field Studies Application

Have you completed the Professional Boundaries Workshop?
Yes No If yes, when and where _____

Full Name: _____

Preferred Name: _____

Current Address: _____

Phone Number: _____ Email: _____

Gender: Female Male Marital Status: _____

Children (if yes, provide age/s): _____

Denominational Affiliation: _____

Ecclesiastical Status: _____

(Inquirer, Candidate, Deacon, Elder, Ordained Minister etc.)

Denominational Leader/Governing Body to Whom You Are Accountable in Your
Theological Education

Name: _____

Address: _____

Phone/Email: _____

Submit completed application to the Field Studies office #347 or
fieldstudies@mccormick.edu

