

CONFIRMATION OF PLACEMENT

(Please type or print)

TO: Field Education Office
University of Dubuque Theological Seminary

Name: _____

Telephone: Church () _____ Home () _____

Church Address: _____
(Name of Church)

_____ Street Apt.

_____ City State Zip

Home Address: _____
Street Apt.

_____ City State Zip

Email: _____

Starting date: _____ Position: _____

Name of Presbytery or Conference: _____

Date to be received: _____

Ordination Information:

Date: _____

Place: _____

Time: _____

PLEASE RETURN THIS FORM TO THE FIELD EDUCATION OFFICE AS SOON AS YOUR PLACEMENT HAS BEEN FINALIZED. THANK YOU.