

Academic Credit for CPE Form

Student Information

Name:	Date of IBS Matriculation:		
Seeking credit for CPE in	☐ Fall 20	☐ Spring 20	
Have you reviewed IBS' pol	icies for CPE in the Fi	eld Education Handboo	k? Yes No
☐ I plan to register for my	second FE course in	[term]	[year]
☐ I have already complete	ed the IBS FE course(s	s) in	[term] [year]
Clinical Pastoral Edu	cation Site		
Start Date:	End Date:		
Site Name:			Phone:
Site Address:			
Supervisor Name		Title:	
Supervisor's Email:			Phone:
Signatures			
Student:			Date:
Academic Advisor:			Date:
FE Director:			Date: