



Registration Form for FE-3400

Submit this completed form to the IBS registrar (htagawa@shin-ibs.edu) before the end of late registration. If not submitted by this deadline, a Change of Enrollment form will be required and a fee will be assessed.

Student Information

Name _____ Date of IBS matriculation _____

Fall 20 ____ 3 Units 6 Units

Spring 20 ____ 3 Units 6 Units Total number of FE-3400 units _____

Have you read the IBS Field Education Handbook available online? Yes No

Clinical Pastoral Education Site

Start Date _____ End Date _____

Site Name _____ Site Phone _____

Address _____

Supervisor's Name _____ Title _____

Supervisor
Phone _____ Email: _____

Have you sent documentation of your CPE acceptance to the FE Director? Yes No

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

FE Director Signature: _____ Date: _____