

Please return this form to  
Professor Su Yon Pak  
(AD 108 or Pit Box 261)

as of 12/11/15

**UNION THEOLOGICAL SEMINARY (UTS)  
REQUEST TO RECEIVE ACADEMIC CREDIT  
CLINICAL PASTORAL EDUCATION (CPE)**

**To receive academic credit for CPE a student must:**

- complete and return this form along with a copy of a letter/email of acceptance from the CPE supervisor, to Prof. Pak (AD 108, Pit Box 261) by August 15 (fall/spring CPE) or by April 1 (summer CPE);
  - have taken PS 110;
- register for CPE through the Registrar's office during regularly scheduled registration periods;
- successfully complete a full unit of Clinical Pastoral Education in a program accredited by the Association for Clinical Pastoral Education, Inc., College of Pastoral Supervision and Psychotherapy;
- submit a letter of completion from their CPE supervisor or a copy of their CPE certificate by May 30 (fall/spring CPE) or September 15 (summer CPE) of the same year in which CPE is taken; and have not previously received academic credit at UTS for CPE.

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student (Cell) Phone: \_\_\_\_\_

Summer Email: \_\_\_\_\_

Name of CPE Center: \_\_\_\_\_

Name of CPE Supervisor: \_\_\_\_\_

Email of CPE Supervisor: \_\_\_\_\_

Applying for: Summer CPE \_\_\_\_\_ or Fall/Spring CPE \_\_\_\_\_

**Initial Below**

- 1) \_\_\_\_\_ I have taken the following prerequisite course PS 110 as specified in the catalogue.
- 2) \_\_\_\_\_ I am attaching a copy of my letter of acceptance from the CPE supervisor to this form.
- 3) \_\_\_\_\_ I will request that, by May 30 (fall/spring) or September 15 (summer), my CPE supervisor sends Prof. Pak either a letter stating that I have successfully completed one full unit of CPE or a copy of my Completion of CPE Certificate. *I understand that a copy of my CPE evaluation is not needed.*
- 4) \_\_\_\_\_ I will register for CPE with the UTS Registrar during regularly scheduled registration periods. (see the Course Catalog for the CPE academic credit course numbers)

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Student  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_