

# LEARNING COVENANT COVER SHEET

## STUDENT INFORMATION

Full Name \_\_\_\_\_

Student ID \_\_\_\_\_

Degree Program(s) \_\_\_\_\_

Local Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

GCTS Box # \_\_\_\_\_

E-mail \_\_\_\_\_

## MINISTRY INFORMATION

Name of Church or Ministry \_\_\_\_\_

Church/Ministry Address \_\_\_\_\_

Student's Role or Title \_\_\_\_\_

Name of Mentor \_\_\_\_\_

Mentor GCTS Approved?  Yes  No

Mentor E-Mail \_\_\_\_\_

Mentor Telephone \_\_\_\_\_

What day do you meet? \_\_\_\_\_

What time do you meet? \_\_\_\_\_

Where do you meet? \_\_\_\_\_

Do you meet for:  1 hour every week  
 2 hours every other week

## COURSE INFORMATION

Be sure to register via CAMS for each unit.  
*Learning Covenants* (or *Updates*) are due each semester for field units.

- Old Program 96 units or  New Program 90 units  
 MM505  MM605  
 MM705  Other \_\_\_\_\_

Semester (i.e. FA2021) \_\_\_\_\_

Starting Date for This Unit \_\_\_\_\_

Finishing Date for This Unit \_\_\_\_\_

Total Number of Weeks (minimum 12): \_\_\_\_\_

Total Number of Hours per Week (minimum 10,  
includes 1 hour mentoring): \_\_\_\_\_

### MINISTRY FOCUS (as applicable)

- Educational Ministry  Preaching  
 Pastoral Care  Pastoral Ministry  
 Evangelism / Discipleship

## AFFIRMATION

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Mentor Signature \_\_\_\_\_

Date \_\_\_\_\_

MM Director Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE

- Student DB  Mentor DB  Memo Sent  
 Canvas