

# LEARNING COVENANT COVER SHEET

## STUDENT INFORMATION

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

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

Degree Program \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

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

## MINISTRY INFORMATION

(2 units minimum at local church setting, except by petition.)

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.

- MM502       MM701  
 MM601       MM702  
 MM602       Other: \_\_\_\_\_

Semester (i.e. SP2017) \_\_\_\_\_

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): \_\_\_\_\_

### PREFERRED PATH 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

## LEARNING COVENANT UPDATE

### 1) JOB DESCRIPTION

- My job/ministry has remained the same as last unit.
- My job/ministry has changed.

Changed in the following ways:

### 2) SUPERVISION AND RESOURCES

New and/or continuing topics for discussion with my mentor this term are the following:  
(List 3 – 6 topics and dates.)

1.

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2.

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3.

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4.

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5.

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6.

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### 3) LEARNING OBJECTIVES

Though some of my learning objectives remain the same, here is at least one new objective for each area for this term/unit: Format: “By the end of this 12-week period, I want to \_\_\_\_\_ by doing \_\_\_\_\_.”

Knowing:

Doing:

Being:

**Note:** If you are submitting this form electronically, please make sure to use Adobe Reader (not Acrobat) in order to fill out the PDF. It can be downloaded to a Mac or a PC for free from here: <http://get.adobe.com/reader/>. Email the document to [mmassist@gordonconwell.edu](mailto:mmassist@gordonconwell.edu).

Don't forget to make a copy of this for yourself and your mentor! Submit this form, clipped to your Cover Sheet, by the posted due date. Thank you!