

LEARNING COVENANT COVER SHEET

STUDENT INFORMATION

Full Name _____

Student ID _____

Degree Program _____

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. FA2022) _____

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 DB

