

# DSP 119 DOCUMENTATION FORM

PLEASE MAKE AND RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS!

(To be used by U of N Degree Students only)

## PURPOSE STATEMENT and PROCEDURAL EXPLANATION:

To allow U of N degree students to supplement DTS/CDTS field assignment credits which fall short of the maximum 12, resulting either from the DTS/CDTS amnesty evaluation or a registered DTS/CDTS course with less than a 12-week field assignment. Some examples of potentially qualifying YWAM field assignments are:

- King's Kids outreach
- Hands outreach
- Go Festival outreach
- School staff service on any of the above outreaches
- Olympic Outreach
- FEET Teams
- Go Teams
- NET Teams
- Summer of Service outreaches
- Similar outreaches

The DSP 119 credit evaluation is based on the field assignment experience meeting the following criteria:

- ▶ The outreach must be a YWAM outreach with YWAM leadership and completed after the DTS/CDTS.
- ▶ The student's participation must be in a team context
- ▶ The focus of the outreach must be primarily evangelistic
- ▶ Full learning week evaluation of one credit per week

Please fill in one form for **EACH** outreach time period for which you are requesting U of N credit. You must complete all of the questions below in full detail. All documentation must be:

1. Provided by the student;
2. Verified by the school leader/staff/outreach leader;
3. Approved by the appropriate International College/Faculty Dean or International Centre Director; and
4. Accompanied by a US\$ 25 - registration fee.

## STUDENT INFORMATION:

U of N Student ID number (if known): \_\_\_\_\_ U of N Degree being pursued: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last/Family                      First/Given                      Middle                      Any other name used (Family Name before marriage etc.)

Birth date (please spell month): \_\_\_\_\_ Student's Citizenship: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
Day/Month /Year

Permanent Personal Address: \_\_\_\_\_  
Street                      City                      State/Province

\_\_\_\_\_ Zip/Postal Code                      Country                      Home Telephone Number                      E-mail Address:

**FIELD ASSIGNMENT/ OUTREACH DOCUMENTATION:**

A. Field Assignment/Outreach Name: \_\_\_\_\_ Location: \_\_\_\_\_  
City/Country

B. Starting Date (please spell month): \_\_\_\_\_ Ending Date: \_\_\_\_\_  
day/month/year day/month/year

C. Outreach Leader's Name: \_\_\_\_\_

D. Overall objectives for the Field Assignment/Outreach: \_\_\_\_\_

E. Ministry strategies and activities used to reach the course objectives: \_\_\_\_\_

F. Resource Materials used for the course ( books, videos, articles etc.) Books: \_\_\_\_\_

G. Weekly schedule: number of hours spent per week in the following learning activities:

- |                           |       |  |       |
|---------------------------|-------|--|-------|
| a. Teaching:              | _____ | b. specific ministry activities        | _____ |
| c. Small groups:          | _____ | d. Intercessory prayer:                | _____ |
| e. Worship:               | _____ | f. Written assignments:                | _____ |
| g. Practical work duties: | _____ | h. Other types of learning activities: | _____ |

H. Number of times per week when staff met with students to evaluate the student’s progress: \_\_\_\_\_

**SCHOOL LEADER'S VERIFICATION OF DOCUMENTATION AND EVALUATION OF STUDENT:**

School Leader/Staff/Outreach Leader’s written verification/signature and appropriate evaluation/assessment of student: Evaluation of Student: \_\_\_satisfactory; \_\_\_unsatisfactory

School Leader/Staff/Outreach Leader’s : \_\_\_\_\_  
Name Verification signature Date: day/month/year

Please send the completed form along with the US\$ 25 registration fee to the YWAM/U of N DTS Centre:

PO Box 1031 – Sun Valley 7985 – South Africa Email address: [p.lee@uofn.edu](mailto:p.lee@uofn.edu)

\*\*\*\*\* **FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE** \*\*\*\*\*

US\$ 25 Fee received: \_\_\_ Credits granted: \_\_\_ Records Office notified: \_\_\_ College/Faculty notified: \_\_\_

Int’l. DTS Centre Representative: \_\_\_\_\_  
Name Approval Signature Date: day/month/year