

U OF N HISTORICAL COURSE DOCUMENTATION FORM

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

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

PURPOSE STATEMENT and PROCEDURAL EXPLANATION:

This form may be used for documenting an individual student's participation in non-registered YWAM courses.

All documentation must be:

- Provided by the student;
- Verified by the school leader/staff;
- Approved by the appropriate International College/Faculty Dean or Centre Director; and
- 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: _____

Birth date (please spell month): _____ Student's Citizenship: _____ Sex: Male ___ Female ___
Last/Family First/Given Middle Any other name used (Family Name before marriage etc.)
Day/Month /Year

Permanent Personal Address: _____
Street City State/Province

Zip/Postal Code _____ Country _____ Home Telephone Number _____ Email address _____

COURSE DOCUMENTATION (Lecture Phase):

Name of Course: _____ Course Number: _____

Location of Base: _____ Starting Date (please spell month): _____ Ending Date _____
City/Country day/month/year day/month/year

Weekly Teaching Topics/Ministry Activities	Teacher(s)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Resource Materials used for the course (books, videos, articles etc.): _____

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

- Teaching: _____
- Specific ministry activities: _____
- Small groups: _____
- Intercessory prayer: _____
- Tests: _____
- Worship: _____
- Written assignments: _____
- Practical work duties: _____
- Personal Devotional Times _____
- Other types of learning activities: _____

COURSE DOCUMENTATION (Field Assignment/Outreach or Internship Phase):

Name of Course: _____ Course Number: _____

Location of Outreach: _____ Starting Date (please spell month): _____ Ending Date _____
City/Country day/month/year day/month/year

Description of Weekly Ministry Activities and Teachers if applicable

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Resource Materials used for the course (books, videos, articles etc.): _____

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

- Teaching: _____
- Specific ministry activities: _____
- Small groups: _____
- Intercessory prayer: _____
- Tests: _____
- Worship: _____
- Written assignments: _____
- Practical work duties: _____
- Personal Devotional Times _____
- Other types of learning activities: _____

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

Number of times per week when staff and students met together for monitoring/evaluating the student's progress: _____

School Leader's written verification/signature and appropriate evaluation/assessment of student:

Evaluation of Student: Grade (please circle one grade) A, B, C or Pass or 'S'(Anything below a "C" is not transferrable)

School Leader/Staff: _____

Name	Verification signature	Date: day/month/year
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Please send the completed form along with the US\$ 25.- registration fee for a DTS/CDTS to the YWAM/U of N DTS Centre – PO Box 1031 – Sun Valley 7985 – South Africa. Email address: p.lee@uofn.edu or for a Post-DTS/CDTS course please send the form to the appropriate International Dean of the College/Faculty of the student's degree programme (Please see the current U of N Catalogue or Reference Guide for addresses).

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

US\$ 25 Fee received: _____ Notification sent to: College/Faculty _____ Regional Records Office _____ Provost Office _____

International Dean of the College/Faculty _____ Credits Recommended: _____

or Centre Director nearest to the course: Approval Signature Date: day/month/year

International Dean of the College/Faculty: _____ Credits Assigned _____

of the degree programme Approval Signature Date: day/month/year

Provost: _____ Credits Approved _____

Approval Signature Date: day/month/year