

# DSP 119 DOCUMENTATION FORM

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

## PURPOSE STATEMENT and PROCEDURAL EXPLANATION:

To allow UofN 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
- Olympic Outreach
- FEET Teams
- Go Teams
- NET Teams
- Summer of Service outreaches
- Similar evangelistic outreaches
- School staff service on any of the above evangelistic 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. Example: submit 3 weeks of outreach and you receive 3 credits.

Please fill in one form for **EACH** outreach time period for which you are requesting UofN 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 International DTS Centre and
4. Accompanied by a US\$ 25 - registration fee. For Paypal send to: [idtsc@uofn.edu](mailto:idtsc@uofn.edu)

## STUDENT INFORMATION:

Are you pursuing a UofN Degree?  In what College: \_\_\_\_\_

Name of Degree Major/Concentration: \_\_\_\_\_

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:**

**Evaluation of Student:** lecture phase: \_\_\_ Satisfactory \_\_\_ Unsatisfactory  
outreach phase: \_\_\_ Satisfactory \_\_\_ Unsatisfactory

**School Leader/Staff/Outreach Leader:**

\_\_\_\_\_  
Name Verification signature Date: day/month/year

*After obtaining the verification signatures, please scan the form and email it to: [p.lee@uofn.edu](mailto:p.lee@uofn.edu)  
Please make the 25 USD payment via PayPal ([paypal.com](https://www.paypal.com)) to: [idtsc@uofn.edu](mailto:idtsc@uofn.edu)*

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

US\$ 25 received:\_\_\_ Credits: lect \_\_\_ outreach \_\_\_ Records Office notified: \_\_\_\_\_ College/Faculty notified:  
\_\_\_\_\_

Int'l. DTS Centre Representative:

\_\_\_\_\_  
Name Approval Signature Date: day/month/year