

HISTORICAL COURSE DOCUMENTATION FORM

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

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
- Accompanied by a US\$ 25 registration fee.

STUDENT INFORMATION:

Are you pursuing a 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

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)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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

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

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

SCHOOL LEADER'S VERIFICATION OF DOCUMENTATION AND STUDENT EVALUATION:

below 'C' not transferable

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

Evaluation of Student: Grade A, B, C, D, F for post-DTS schools/seminars; An 'S or U' grade for DTS/CDTS.

Lecture phase grade: _____ Outreach/Internship/Practicum grade: _____

School Leader/Staff:

Name	Verification signature	Date: day/month/year
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After obtaining the verification signatures, please follow the instructions below.

For DTS and CDTS:

Scan the form and email it to: p.lee@uofn.edu

Please make the 25 USD payment via PayPal ([paypal.com](https://www.paypal.com)) to: idtsc@uofn.edu

For post-DTS/CDTS schools:

Scan the form and email it to: degreestudentadmin@uofn.edu

Please make the 25 USD payment via PayPal ([paypal.com](https://www.paypal.com)) to: degreestudentadmin@uofn.edu

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

US\$ 25 Fee received: _____

Notification sent to: College/Faculty of the degree programme _____ Degree Student Admin Office _____

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

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

After approval is given above, email the form to degreestudentadmin@uofn.edu for archiving.