

**Student Support**

**Memorandum of Understanding**

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| *Read the separate* Student Support Memorandum of Understanding Guideline*s**before completing and submitting this form.* |

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected duration of the DMin program:

From *(mm/yyyy)*: \_\_\_ / \_\_\_\_\_ until (anticipated completion date) *(mm/yyyy)*: \_\_\_ / \_\_\_\_\_

Name of church/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **THE STUDENT** |

I have consulted with my key supervisors, colleagues and family members regarding the requirements and expectations of the DMin program, and they support my application.

I commit myself to be accountable for the balance of my life and activities during my study program, recognising its impact on the stakeholders.

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

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| **THE STUDENT’S FAMILY** |

 *[If the student is married the following section may be filled out and signed by his/her spouse. Another significant family member may also sign it.]*

I have reviewed and discussed the implications on our family life while \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student)* is in the DMin program. I/we as a family commit ourselves to willing partnership in this venture for the expected duration of the program.

Family member’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_

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| **THE STUDENT’S CHURCH/ORGANISATION** |

 *[This section is signed by an authorised representative of the student’s workplace/institution.]*

I have reviewed the expectations for our institution while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student)* is in the DMin program. Our institution supports this application.

We are willing and able to provide the following support for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student)* for the duration of the program: (🗹 as appropriate)

* Release time to attend on-campus sessions of modules and intensive supervisory periods.
* Allocate a reduced workload outside the dates of the intensive modules.
* Grant partial or full ‘research/study leave’ or a sabbatical during at least some of the time the student is working on the thesis/dissertation phase of the program.
* Provide financial support (specify if possible). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide special friendship, encouragement and practical help to the student’s family.
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_\_ / \_\_\_\_\_

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| **AGST ALLIANCE/BCM/MBS** |

AGST Alliance/BCM/MBS (as appropriate) will endeavour to ensure adequate academic and pastoral support for \_\_\_\_\_\_\_\_\_\_\_\_ *(student)* for the duration of the program, including in the ways itemised in the MoU guidelines.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_

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| Return the signed copy of this MoU to:The Assistant DMin DirectorEmail: asstdmindirector@agstalliance.org |

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