



AGST ALLIANCE

bcm
Preparing Lives for Ministry



Student Support Memorandum of Understanding

Read the separate Student Support Memorandum of Understanding Guidelines 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: _____

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: ___ / ___ / ___

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: ___ / ___ / ___

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: __ / __ / ____

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: __ / __ / ____

Forward the signed copy of this MoU to:
DMin Registrar
c/- Bible College of Malaysia
99, Jalan Gasing
46000 Petaling Jaya, Selangor
Malaysia