

Beeson Divinity School Global Center Cross-Cultural Ministry Practicum Registration

Please print:

Full Name: _____

Student ID Number: _____

CCMP Destination and Partner: _____

This CCMP is: International Domestic

Anticipated cost of trip: _____

CCMP Dates: _____ Term: _____

Anticipated Graduation Date: _____

I am completing the Missions Certificate: _____

Student Signature: _____ Date: _____

To be completed by the Global Center:

_____ Student clearance

_____ Approval from site mentor

_____ Travel Grant Form completed

_____ Medical Release Form submitted

_____ Information Submitted to Global Engagement for Approval.

_____ Assumptions of Risks Form submitted

_____ CCMP Class Registration Form submitted

GC Staff Signature: _____

Date: _____