



AGST ALLIANCE



**BCM**  
PREPARING LIVES FOR MINISTRY



Malaysia Bible Seminary

## 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: \_\_ / \_\_ / \_\_\_\_

Return the signed copy of this MoU to:  
The Assistant DMin Director  
Email: [asstdmindirector@agstalliance.org](mailto:asstdmindirector@agstalliance.org)