

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

_____ Student notified of travel grant

_____ Travel insurance payment for international CCMP (if purchased through SU)

_____ CISI Insurance form to Global Engagement Office

_____ Assumptions of risks form submitted

_____ CCMP class registration

GC Staff Signature: _____

Date: _____