

Beeson Divinity School Global Center
Cross-Cultural Ministry Practicum Registration

(Last name) _____ (First name) _____ (Middle 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

(Global Center signature)

(Date)