

DISCIPLESHIP MINISTRIES

Policies Form

GROUP INFORMATION:

Group Name Master's Commission 360

Director Name Nate Bernard

STUDENT INFORMATION:

Last Name _____ First Name _____ MI _____

SS # _____ Semester: Fall Spring Summer Year: _____

The student should read the following statements and then sign and date the form.

Enrollment Policy:

As a participant in the Discipleship Ministries academic plan, I understand that if I am dismissed from or voluntarily leave my local program for any reason, Southwestern Assemblies of God University has the right to administratively withdraw me from all courses.

Grant Policy:

I further understand that the Discipleship Ministries Grant is limited to first-time students at SAGU and students currently approved to be a part of the Discipleship Ministries program. If I am a former SAGU student, the Discipleship Ministries Grant will not be applied to my student account.

I understand that the Discipleship Ministries grant can only be applied to Discipleship Ministries coursework and can only be applied to a particular course one time. If I have to retake a course, I understand that the grant is not available again for that course.

Refund Policy:

I understand that all monies I pay to SAGU will be returned to me if a refund is applicable. All monies paid by the church or Discipleship Ministry program will be returned to the church of Discipleship Ministry program if a refund is applicable.

Student's Signature: _____ Date _____

DISCIPLESHIP MINISTRIES

Grant & Course Selection Form: FALL SEMESTERS ONLY

GROUP INFORMATION:

Group Name Master's Commission 360

Director Name Nate Bernard Director Phone 682-203-7736

STUDENT INFORMATION:

Last Name _____ First Name _____ MI _____

SS # _____ Semester: Fall Spring Summer Year: _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Have you even been enrolled at SAGU, other than as a part of the Discipleship Ministries program?

Yes No

FALL SEMESTER COURSE SELECTION:

Check Courses You Want To Enroll In	Course Code	Section (Office Use Only)	Course Name	Hours
<input type="checkbox"/>	REL 1163		Old Testament Literature	3
<input type="checkbox"/>	BIB 2123		Mission of the Church	3
<input type="checkbox"/>	CMN 2213		Foundations of Church Ministries	3
<input type="checkbox"/>	REL 2113		Authentic Christianity	3
Total Hours Enrolled:				_____

Office Use Only

Semester & Year: _____ Hours Enrolled: _____

Grant Amount: _____ Date Paid: _____

DISCIPLESHIP MINISTRIES

Grant & Course Selection Form: SPRING SEMESTERS ONLY

GROUP INFORMATION:

Group Name Master's Commission 360

Director Name Nate Bernard Director Phone 682-203-7736

STUDENT INFORMATION:

Last Name _____ First Name _____ MI _____

SS # _____ Semester: Fall Spring Summer Year: _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Have you even been enrolled at SAGU, other than as a part of the Discipleship Ministries program?

Yes No

SPRING SEMESTER COURSE SELECTION:

Check Courses You Want To Enroll In	Course Code	Section (Office Use Only)	Course Name	Hours
<input type="checkbox"/>	REL 1153		New Testament Literature	3
<input type="checkbox"/>	THE 2333		Pentecostal Doctrine & History	3
<input type="checkbox"/>	BIB 2213		Bible Study	3
<input type="checkbox"/>	THE 2113		Introduction to Theology & Apologetics	3
Total Hours Enrolled:				_____

Office Use Only

Semester & Year: _____ Hours Enrolled: _____

Grant Amount: _____ Date Paid: _____

Southwestern Assemblies of God University

STUDENT RELEASE FOR PURPOSES OF RELEASING STUDENT EDUCATION RECORDS

The Family Educational Rights and Privacy Act, as amended (FERPA), allows students at an institution of higher education to control outside access to their education records, including requests for information from their parents or other family members. Without a student's written consent, SAGU may not disclose information from a student's education records to outside third parties except as provided under FERPA. You can provide a standing release allowing SAGU to disclose information to other persons. To do so the following declaration must be completed.

This form, when completed, **authorizes** the person(s) below to view the student's education records. In addition to giving consent, the student must assign a **unique password** for each person who he or she authorizes to access his or her records. The student is responsible for communicating that password to the person or persons he/she gives consent to. **This form is not a request for grades or transcripts.**

Student's Name: _____ **SAGU ID#:** _____
Print Name

I, the above-named student, authorize representatives of SAGU to disclose information in my education records to the person(s) listed below. I understand that education records are all records maintained by the school, but I am only consenting release of the following: **academic records, accounting records, financial aid records, and student discipline records.**

Person's Printed Name: _____

Person's Relationship to Student: _____

Person's Printed Name: _____

Person's Relationship to Student: _____

Person's Printed Name: _____

Person's Relationship to Student: _____

Person's Printed Name: _____

Person's Relationship to Student: _____

Student's Unique Password:

It is the student's responsibility to create and communicate this password

I understand that this release is in effect until revoked in writing by me or by the named person.

Student's Signature: _____ **Date:** _____

This form must be filed with the Registrar's Office

Office Use Only:

Processed: _____

Date: ____/____/____

Southwestern ASSEMBLIES OF GOD university

DISCIPLESHIP MINISTRIES **“REAL EQUIPPING FOR THE REAL WORLD”**

Please contact us with any questions!

Toll Free: 888.YES.SAGU Ext. 4773

Email: discipleship@sagu.edu

Website: www.sagu.edu/discipleship

Address: 1200 Sycamore St.
Waxahachie, TX 75165