**STUDENT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program and Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first unit of CPE? \_\_\_\_\_\_\_\_\_\_

*If “no,” please indicate the years in which previous units were completed, and whether or not YDS provided funding for these.*

**CPE SITE INFORMATION**

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a full unit of CPE? \_\_\_\_\_\_\_\_\_\_\_\_ Start and End Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of tuition \_$\_\_\_\_\_\_\_\_

Does the CPE site pay a stipend? \_\_\_\_\_\_\_\_\_\_\_\_

If “yes,” what is the total amount of the stipend? (after tuition has been deducted) \_$\_\_\_\_\_\_\_\_

\* \* \* \* \* \* \*

**PROCEDURE**

* ***Submit this form with a copy of your letter of acceptance to the Office of Supervised Ministries.***
* ***After CPE is completed, submit a copy of your certificate and evaluation to the Director of Supervised Ministries.***
* ***Meet with the Director of Supervised Ministries or the Associate Dean of Berkeley to complete the paperwork for transfer of credit.***

I grant permission for my CPE location to be shared with other students considering CPE. Yes \_\_\_\_ No \_\_\_\_

I understand that funding is awarded only for CPE that will be used for transfer credit toward a YDS degree, and that the YDS business office makes final decisions regarding work-study funding for CPE. I understand that, if I receive funding, the responsibility for completing all paperwork (including timesheets) rests with me. I will comply with the procedures outlined above.

(Student signature) (Date)

Approval of Office of Supervised Ministries:

(Director’s signature) (Date)