**STUDENT INFORMATION**

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

Net ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UPI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address, City, State, & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a full unit of CPE? \_\_\_\_\_\_\_\_\_\_ Start & End dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The student is responsible for CPE tuition; YDS does not pay the tuition.

Does the CPE site pay a stipend? \_\_\_\_\_\_\_\_\_\_\_ If “yes,” what is the amount of the stipend? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**DIRECTIONS**

* *Submit this form with a copy of your letter of acceptance to the Office of Supervised Ministries*
* *Submit a copy of your evaluation to the Director of Supervised Ministries*

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 UDS 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)