



AGST
ALLIANCE

AGST Alliance

Student Support Memorandum of Understanding

*Read the separate Student Support Memorandum of Understanding Guidelines
before completing and submitting this form.*

Student's name: _____

AGST Alliance program: _____ Full time / Part time study

Expected duration of the program:

From (mm/yyyy): ___ / ___ until (anticipated completion date) (mm/yyyy): ___ / ___

Name of workplace: _____

Name of church/Christian network: _____

THE STUDENT

I am currently on the faculty/staff of my workplace, and anticipate continuing to be so for the duration of my proposed AGST Alliance study program. I have consulted with my key supervisors, colleagues and family members regarding the requirements and expectations of the program, and they support my application.

I commit myself to be accountable for the balance of my life and activities during my study program, recognising its impact on the stakeholders.

Student's signature: _____ Date: ___ / ___ / ___

THE STUDENT'S FAMILY

*[If the student is married the following section may be filled out and signed by his/her spouse.
Another significant family member may also sign it.]*

I have reviewed and discussed the implications on our family life while _____ (student) is in the AGST Alliance program. I/we as a family commit ourselves to willing partnership in this venture for the expected duration of the program.

Family member's signature: _____ Date: ___ / ___ / ___

THE STUDENT'S WORKPLACE

[This section is signed by an authorised representative of the student's workplace/institution.]

I have reviewed the expectations for our institution while _____ (student) is in the AGST Alliance program. Our institution supports this application.

We are willing and able to provide the following support for _____ (*student*) for the duration of the program: (as appropriate)

- Release time to attend on-campus sessions of modules and intensive supervisory periods.
- Allocate a reduced workload outside the dates of the intensive modules.
- Grant partial or full 'research/study leave' or a sabbatical during at least some of the time the student is working on the thesis/dissertation phase of the program.
- Provide financial support (specify if possible). _____
- Encourage (and support financially) the student to attend professional association meetings within his/her academic discipline.
- Other (specify) _____
- Other (specify) _____

Name: _____ Signature: _____

Position in workplace: _____ Date: __ / __ / ____

THE STUDENTS' CHURCH/CHRISTIAN NETWORK

[This section may be signed by a representative of the student's church/Christian network.]

We are aware of the likely implications of _____'s (*student*) leadership and ministry availability in our church/network while in the AGST Alliance program. We support this application.

We will endeavour to provide the following support: (as appropriate)

- Release the student from some/all ministry responsibilities for the duration of the program. Specifically, this will include:
 - _____
 - _____
 - _____
- Financial support to help cover the cost of study (specify if possible). _____
- Provide special friendship, encouragement and practical help to the student's family.
- Other (specify) _____

Name: _____ Signature: _____

Position: _____ Date: __ / __ / ____

AGST ALLIANCE

AGST Alliance will endeavour to ensure adequate academic and pastoral support for _____ (*student*) for the duration of the program, including in the ways itemised in the MoU guidelines.

Name: _____ Signature: _____

Position: _____ Date: __ / __ / ____

*Forward the scanned and signed copy of this MoU to:
 registrar@agstalliance.org*