Atlantic School *of* Theology
660 Francklyn Street, Halifax, Nova Scotia B3H 3B5
Telephone: (902) 423-5592 Fax: (902) 492-4048

DIPLOMA IN YOUTH MINISTRY PROGRAM
LEAVE AND ENTER FORM
ACADEMIC YEAR 2018-2019

Term of Change: **[ ]** Summer 2018 **[ ]** Fall 2018 **[ ]** Winter 2019

_____ _____ _____
Last Name First Name Middle Name

LEAVING/WITHDRAWING FROM A LEARNING UNIT, PRACTICUM UNIT OR APROVED THIRD PARTY EVENT

IT IS THE STUDENT'S RESPONSIBILITY TO LET THE COURSE INSTRUCTOR AND THE PROGRAM DIRECTOR KNOW THAT YOU ARE LEAVING A LEARNING UNIT ETC.

I am leaving the following course(s):

[ ] Learning Unit: _____ Instructed by: _____
Title

[ ] Practicum Unit: _____ Unit Level:_____ Supervised by:_____
Title 1st or 2nd

[ ] Approved Third Party Elective: _____ Hosted at/by: _____
Title

_____ _____
Date Signature of Student

ENTERING/REGISTERING FOR ADDITIONAL LEARNING UNIT, PRACTICUM UNIT, APPROVED THIRD PARTY EVENT, EXEMPTION OR TRANSFER

THIS SECTION IS USED ONLY TO ADD AN EXISTING REGISTRATION FOR ACADEMIC YEAR 2018-2019. IF THIS IS YOUR FIRST TIME REGISTERING FOR A LEARNING UNIT ETC. IN ACADEMIC YEAR 2018-2019, ENSURE THAT YOU USE A DIPLOMA IN YOUTH MINISTRY REGISTRATION FORM. IT IS THE STUDENT'S RESPONSIBILITY TO CONFIRM REGISTRATION PLANS WITH THE PROGRAM DIRECTOR.

I request permission to enter/register for the following:

[ ] Learning Unit: _____ Instructed by: _____
Title

[ ] Practicum Unit: _____ Unit Level:_____ Supervised by:_____
Title 1st or 2nd

[ ] Approved Third Party Elective: _____ Hosted at/by: _____
Title

[ ] DYM Learning Unit Exemption: _____
Title (eg. Intro to Bible)

[ ] DYM Prior Learning/Training for Transfer : _____
Title of Prior Learning/Training

_____ _____
Date Signature of Student

FALL LEARNING UNIT LEAVE AND ENTER FORMS FOR FULL-TERM LEARNING UNITS **MUST BE RETURNED TO THE DYM PROGRAM OFFICE**, ROOM 130 OF THE RESIDENCE BUILDING, BY **5:00 P.M., FRIDAY, SEPTEMBER 28, 2018**. REGISTRANTS IN LEARNING UNITS AFTER THIS DATE WILL OWE FEES FOR THE WHOLE FALL ACADEMIC TERM. **WINTER LEARNING UNIT LEAVE AND ENTER FORMS** FOR FULL-TERM LEARNING UNITS **MUST BE RETURNED TO THE DYM PROGRAM OFFICE**, ROOM 130 OF THE RESIDENCE BUILDING, BY **5:00 P.M., FRIDAY, JANUARY 25, 2019**. REGISTRANTS IN LEARNING UNITS AFTER THIS DATE WILL OWE FEES FOR THE WHOLE WINTER ACADEMIC TERM. PLEASE SEE "DIPLOMA IN YOUTH MINSTRY FEES" ON PAGE 29 OF THE 2018-2019 ACADEMIC CALENDAR FOR TUITION REFUND POLICY FOR LEARNING UNITS THAT ARE SCHEDULED FOR LESS THAN A FULL ACADEMIC TERM.

TO BE COMPLETED BY THE DYM PROGRAM OFFICE

_____ _____ _____
Date Received by DYM Program Office Date Program Director's Approval Received Program Director's Signature

_____ _____
Date Entered into Database Date Copy Sent to Business Office

Refund for course fee due to student. No refund for course fee due to student.