

## ATS Wilmore/ExL Registration Contract

Submit Signed Contract to MM Office ([mentoredministry@asburyseminary.edu](mailto:mentoredministry@asburyseminary.edu) or Fax: 859.858.2057). Make/save a copy for yourself.

### STUDENT INFORMATION

**Name:** \_\_\_\_\_ **Primary Campus:** Wilmore ExL Other  
**Address:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Are you an International (F1/J1) Student:** Yes No **Degree Plan:** \_\_\_\_\_

### REGISTRATION INFORMATION \*Once you have submitted your contract to the MM Office, barring any holds on your student account, the MM Office will have you registered or wait listed for MM520.

**Any Current Holds Preventing Your Registration? (See Holds at Student Portal):** Yes No

**Completed Prerequisites:** MM310

**Course:** MM350

**Semester:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **First Date You Are Cleared to Register:** \_\_\_\_\_

If you are on an International student visa (F1/J1), please contact the International Affairs office for more information.

**Comments (for office use only):** \_\_\_\_\_

**MM Director's Signature:** \_\_\_\_\_

### MENTOR & MINISTRY INFORMATION

**\*\*You will meet one on one with your mentor 1 hour/week and complete 9 hours of ministry/week**

**Mentor:** \_\_\_\_\_ **Mentor Profile Submitted to MM Office:** Yes No

**Mentor's Email:** \_\_\_\_\_

**Ministry Site:** \_\_\_\_\_ **Denomination Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student's Ministry Responsibilities:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MM Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR REGISTRAR'S OFFICE USE ONLY

**Registered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_