



McAfee School of Theology
Mercer University
3001 Mercer University Drive
Atlanta, Georgia 30341

COVENANT OF SUPPORT FOR
DOCTOR OF MINISTRY STUDY

Name of Student _____
Primary Mailing Address _____

Telephone: (Work) _____ (Mobile) _____ (Home) _____
Primary email: _____

Name of Church/Organization _____
Mailing Address _____

Title and Description of responsibilities for ministry:

Description of approving group or official: _____
Contact information: _____

I/We affirm support for the participation of _____ in the Doctor of Ministry program of the McAfee School of Theology. This support includes the understanding he/she will be engaged in study related to ministry in this setting, will invest regular time and attention to reading and research, and may request assistance in the completion of analysis or evaluation of ministry responsibilities. It is understood by me/us the duration of this program is normally four years and requires on-campus study of three to five weeks for three years of the program. We **Do** **Do Not** commit financial support above salary and benefits for his/her participation in this program.

Student Signature

Authorized Signature

11/18/19