



## Seminar: Covenant

Please complete this form using your computer, print it, and return the completed and signed PDF to Wendi Murphy at [wmurphy@CUEnet.edu](mailto:wmurphy@CUEnet.edu). Take care to fill out all fields!

Date:

Teacher Name:

Teacher email:

School Name:

School Phone:

Principal Name:

Principal email:

Pastor from School Congregation:

Pastor email:

---

Your signature at the bottom of this covenant indicates your agreement with the following statements:

1. I agree to watch all video lectures in each seminar course that I take.
2. I agree to meet regularly with my school's pastor (your mentor-pastor) for discussions regarding each seminar, as described in the Mentor Sessions in the Seminar Handbook.
3. I agree to complete the following final project upon completion of the last seminar course.

Description of final project:

---

Teacher's Signature (required)

Date

---

Principal's Signature (required)

Date

---

Pastor's Signature (required)

Date