



NEBRASKA CHRISTIAN COLLEGE  
A CAMPUS OF HOPE INTERNATIONAL UNIVERSITY

**RESIDENCY CONTRACT**

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_

Residency Site: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Ministry Coach: \_\_\_\_\_ Coach Email: \_\_\_\_\_  
(student's primary residency supervisor)

**PURPOSE & GOAL**

The purpose of this agreement is to frame up expectations regarding the residency requirements for a Nebraska Christian College undergraduate student. **The goal of the residency is to develop the resident in any and all ministry skills including hard skills, soft skills, people skills, communications skills, etc.**

**NEBRASKA CHRISTIAN COLLEGE AGREES**

1. That the Residency Director shall act as a liaison between the college and the residency site and shall be available for contact in the event of any problem or change in relation to student or site.  
\*\*\*Contact info: Dustin Fulton at 402.935.9411 (office); [dmfulton@nechristian.edu](mailto:dmfulton@nechristian.edu)
2. To instruct the student to adhere to the administrative policies, rules, schedules, standards, and practices of the residency site.
3. The Residency Director will be responsible for assigning a residency grade.

Residency Director: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENCY SITE / MINISTRY COACH AGREES**

1. To provide the following number of hours for residents
  - \_\_\_ 2 credit (200 hours/semester or about 13 hours/week)
  - \_\_\_ 3 credit (300 hours/semester or about 20 hours/week)
  - \_\_\_ 4 credit (400 hours/semester or about 27 hours/week)
  - \_\_\_ 5 credit (500 hours/semester or about 33 hours/week) *seniors only*
  - \_\_\_ 6 credit (600 hours/semester or about 40 hours/week) *seniors only*
2. To limit "overtime" hours (expected or implied) except in extreme circumstances, realizing that resident is also a full-time student.
3. To allow student time off per semester for intensive class AND for one conference/class (*Oct 1-4, 14-17, Mar 3-7, Apr 22-25*)
4. To provide ministry coaching and developmental feedback a minimum of 1 hour per week

\*\*\*That meeting will be held weekly on \_\_\_\_\_ at \_\_\_\_\_  
(day of the week) (time of day)

5. Fill out the required evaluations (3x per semester) initiated by the student.
6. To give the resident at least one (preferably two) days off per week.
7. To contact the University's Title IX Coordinator, Leslie Stevens (phone: [402-935-9423](tel:402-935-9423), email: [leslie.stevens@nechristian.edu](mailto:leslie.stevens@nechristian.edu)) should the residency site learn of any student issue related to sexual harassment, discrimination, and sexual assault. Additional information on the University's anti-harassment policies can be found in the Student Handbook (pg.41-54). [Click here for a direct link:](#)
8. \_\_\_ (optional) Provide room and board for the resident.
9. \_\_\_ (optional) Provide compensation package (please explain). \_\_\_\_\_

Ministry Coach: \_\_\_\_\_ Date: \_\_\_\_\_



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**RESIDENCY CONTRACT**

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**RESIDENT AGREES**

1. To meet with residency supervisor once a week for evaluation and development and turn in required evaluations (3).
2. To complete all assignments through Canvas.
3. To abide by all ministry site policies and procedures as well as the NCC Student Code of Conduct.
4. To communicate regularly with coach and residency director about schedule, academics, and general progress.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information from an Educational Record Protected Under the Family Education Rights and Privacy Act (FERPA)**

All students have the right to protection of their educational records from general disclosure under the terms and provisions of 20 USC 1232g. Under FERPA, limited disclosure of personally identifiable information from a student’s protected educational record is permitted in accordance with exceptions to FERPA’s coverage, and with the specific consent of the student to whom the records belong.

*With my signature below, I agree with and consent to the following:*

*The residency director/NCC has access to my assignments and course progress in relation to my residency at (name of church) \_\_\_\_\_. In accordance with FERPA, the residency director may discuss and/or disclose information about my assignments and course progress relevant to my residency with my ministry coach (name) \_\_\_\_\_ at any time during the semester.*

*I expressly consent to the above.*

Signature of Student \_\_\_\_\_

Name of Student (please print) \_\_\_\_\_

Date \_\_\_\_\_