

Christian Life School of Theology Global Christian Life Educators Network

6171 Gateway Dr. • Columbus, GA 31909 • Phone: (706) 323-0847



Request for Evaluation of Prior Learning

Name: _____ Social Security / ID Number: _____

Student Address _____

City: _____ State: _____ Zip Code: _____

Date of Enrollment: _____ E-mail Address: _____

1. Accredited Schools Attended (Non-Theological) Attach an **official** transcript for each school listed. For non-US schools, provide information regarding accreditation of the school. Semester credit hours must be earned at a "C" or higher.

2. Accredited Schools Attended (Theological) Attach an **official** transcript for each school listed. For Non-US schools, provide information regarding accreditation of the school. Semester credit hours must be earned at a "C" or higher for undergraduate work and a "B" or higher for graduate work.

3. Non Accredited Schools/Courses Attended (Theological) Attach a transcript for each school listed.

4. Ministerial Experience Attach a brief resume of experience in chronological order. List positions held by dates, indicating if it is full time or part time ministry. Describe the special skills, knowledge, and abilities gained in each position. Attach supporting documents such as ordination or licensing certificates, etc.

Note: Except for accredited institution work, students will be required to pay \$10:00 per unit awarded.

Signature _____ Date _____